



CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: **APRIL 27, 2023**

[REDACTED]  
CPSR Associates LLC  
200 Stoops Drive  
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center  
License/COC #: 418161

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 1, 2022, November 2, 2022, and February 2, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 418160) dated February 27, 2023 – February 27, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 27, 2023 to October 27, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
141(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
141(b)(1)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
225(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in brown ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

Three horizontal black bars of varying lengths, used to redact the names and contact information of the recipients listed in the 'cc:' field.

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *02/27/2024*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *CPSR ASSOCIATES LLC*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *11/14/2002* Issued By: *Department of Health*  
Type: *Other* Date: *11/18/2002* Issued By: *Carroll Twp.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *02/02/2023*

**Inspection Dates and Department Representative**

02/02/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *41* Residents Served: *35*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *0*

**Inspections / Reviews**

**02/02/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2023*

02/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/03/2023

03/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/01/2023

04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

## 65i - Training Record

## 1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

## Description of Violation

*The records of training for numerous trainings, to include glucometer training, MAR/pharmacy label training and resident dashboard training, do not include the date, source or length of each course.*

## Plan of Correction

Directed [REDACTED] - 03/06/2023)

*On 2/2/23 Administrator educated herself on the 2600 65.i regulation and obtained the correct Adult Residential Licensing PCH Record of Training form with all the info that is required for training documentation. The administrator updated the training records to reflect the correct form on 2/7/23. Going forward, copies of the correct forms are located in the training binder to be used for all future trainings and records will be kept appropriately per regulations.*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall review all training records to ensure each training record contains all items specified in 2600.65i. [REDACTED] 3/6/23*

Directed Completion Date: 03/09/2023

Not Implemented [REDACTED] - 04/03/2023)

## 132c - Fire Drill Records

## 2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

## Description of Violation

*The home conducts the monthly fire drills at the same time they conduct the fire drills for the skilled nursing facility, which is in the same building as the personal care home. All fire drills are documented on the same fire drill record.*

*The home's fire drill record for the fire drill conducted on 11/4/22 at 10:06 AM does not indicate how many personal care residents were present at the time of the fire drill, how many personal care residents were evacuated, how many staff persons from personal care participated in the fire drill or the evacuation time in minutes and seconds.*

*The home's fire drill record for the fire drill conducted on 11/30/22 at 3:55 PM does not indicate the number of personal care residents evacuated or the exit routes that were used. Also, the fire drill record indicates residents were evacuated in 4 minutes; however, the fire drill record also indicates the fire drill started at 3:55 PM and concluded at 4:00 PM, which is 5 minutes.*

*The fire drill record for the fire drill conducted on 12/29/22 at 5:47 AM does not indicate the number of personal care residents evacuated or the specific exit routes used.*

**132c - Fire Drill Records (continued)**

The fire drill record for the fire drill conducted on 1/26/23 at 1:31 PM does not indicate the number of personal care residents evacuated.

**Plan of Correction****Accept (█ - 03/06/2023)**

On 2/2/23 Administrator with the assistance of the state inspector looked up the Adult Residential Licensing PCH Fire Drill Record. Form was printed and copies made. On 2/2/23 Administrator reviewed the correct form with Plant Operations Manager and the requirements for its use per PCH Licensing. This staff education was documented in the training record. Going forward this form will be used for all fire drills on the PCH floor. Records will be kept and audits of the form will be conducted monthly beginning in March 2023 by Administrator and Plant Operations Manager. This audit will include review of the previous month's fire drill records to ensure compliance with the requirements of 2600.132c. Should any issues arise, Plant operations manager and administrator will discuss and correct as necessary.

Licensee's Proposed Overall Completion Date: 03/31/2023

**Not Implemented (█ - 04/03/2023)****141b1 - Annual Medical Evaluation****3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #1's most recent medical evaluation was completed on 1/28/21.

Resident #2's most recent medical evaluation was completed on 3/17/21.

Resident #3's most recent medical evaluation was completed on 1/11/21.

REPEAT VIOLATION: 11/8/2021, et al.

**Plan of Correction****Directed (█ 03/06/2023)**

Administrator obtained/completed [DME/RASPS] for all 3 residents listed Resident #1 on 2/16/23, Resident #2 on 2/15/23 and Resident #3 on 2/16/23. Administrator has conducted an audit of all resident records and is currently working on updating all out of date items with an estimated completion date of 3/31/23. Going forward the administrator has created a tracking system for tracking resident records. The administrator has educated █ management staff on use of the tracking system. (DIRECTED: Documentation of the education shall be kept. LM 3/6/23). On the first working day of every month, the staff will review the spreadsheet and update DME/RASPS as necessary. (DIRECTED: The monthly review of the tracking system shall begin on 4/1/23. █ 3/6/23).

Directed Completion Date: 04/01/2023

141b1 - Annual Medical Evaluation (*continued*)*Not Implemented* [REDACTED] - 04/03/2023)

## 185a - Implement Storage Procedures

**4. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #4 is prescribed Ondansetron 4 mg–Take 1 tablet by mouth every 8 hours as needed for [REDACTED]; however, this medication was not available in the home for administration.*

**Plan of Correction***Accept* [REDACTED] - 03/06/2023)

*On 2/2/23 Administrator contacted PCP and Pharmacy to correct missing medication. Pharmacy refilled the medication 2/2/23. Administrator also educated staff on 2/2/23 on contacting the PCP and/or Pharmacy to reorder medications when supply is low, and education was documented in training record. Administrator assigned med tech to review all other residents meds to ensure medications were available. Beginning 3/1/23 monthly cart/medication audits will be conducted by Administrator and/or designated staff person on all residents to ensure that all medication is available.*

**Licensee's Proposed Overall Completion Date:** 03/31/2023

*Not Implemented* ([REDACTED] 04/03/2023)

## 225a - Assessment 15 Days

**5. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*No assessment was completed for resident #5, who was admitted to the home on [REDACTED].*

*No assessment was completed for resident #6, who was admitted to the home on 1 [REDACTED].*

**REPEAT VIOLATION:** 11/8/2021, et al.

**Plan of Correction***Directed* [REDACTED] - 03/06/2023)

*Administrator completed new assessments on Resident # 5 on 2/14/23 and Resident #6 on 2/7/23. Administrator has conducted an audit of resident assessments and care plans, and is currently working to update all as required. Estimated completion date is 3/31/23. Administrator has reeducated staff on use of admissions checklist for new residents on 2/21/23. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 3/6/23). Going forward the administrator will utilize the resident tracking spreadsheet to ensure assessment and support plans are completed as required. Beginning 3/1/23, the administrator will monitor staff to ensure checklist is included with admissions packet. Upon arrival of a new admission, the administrator will review the completed admission packet to ensure all forms are completed. (DIRECTED: Beginning on 3/10/23: The administrator shall review the new admission*

225a - Assessment 15 Days (continued)

tracking sheet within 15 days of each new resident's admission to ensure an assessment is completed for each newly-admitted resident within 15 days of admission. [REDACTED] 3/6/23). Administrator will continue to review any new admission packets for 3 months.

Directed Completion Date: 03/31/2023

Not Implemented [REDACTED] - 04/03/2023)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on 2/1/21.

Resident #2's most recent assessment was completed on 3/30/21.

Resident #3's most recent assessment was completed on 2/5/21.

Plan of Correction

Directed [REDACTED] - 03/06/2023)

Administrator obtained/completed [DME/RASPS] for all 3 residents listed Resident #1 on 2/16/23, Resident #2 on 2/15/23 and Resident #3 on 2/16/23. Administrator has conducted an audit of all resident records and is currently working on updating all out of date items with an estimated completion date of 3/31/23. Going forward the administrator has created a tracking system for tracking resident records. The administrator has educated [REDACTED] management staff on use of the tracking system. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 3/6/23). On the first working day of every month, the staff will review the spreadsheet and update DME/RASPS as necessary. (DIRECTED: The monthly review of the tracking system shall begin on 4/1/23. [REDACTED] 3/6/23).

Directed Completion Date: 04/01/2023

Not Implemented [REDACTED] - 04/03/2023)

227a - Support Plan 30 Days

7. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plan was completed for resident #5, who was admitted to the home on [REDACTED]

No support plan was completed for resident #6, who was admitted to the home on [REDACTED]

Plan of Correction

Directed [REDACTED] - 03/06/2023)

Administrator completed new assessments on Resident # 5 on 2/14/23 and Resident #6 on 2/7/23. Administrator

227a - Support Plan 30 Days (continued)

has conducted an audit of resident assessments and care plans, and is currently working to update all as required. Estimated completion date is 3/31/23. Administrator has reeducated staff on use of admissions checklist for new residents on 2/21/23. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 3/6/23). Going forward the administrator will utilize the resident tracking spreadsheet to ensure assessment and support plans are completed as required. Beginning 3/1/23, the administrator will monitor staff to ensure checklist is included with admissions packet. Upon arrival of a new admission, the administrator will review the completed admission packet to ensure all forms are completed. (DIRECTED: Beginning on 3/10/23: The administrator shall review the new admission tracking sheet within 30 days of each new resident's admission to ensure a support plan is completed for each newly-admitted resident within 30 days of admission. [REDACTED] 3/6/23). Administrator will continue to review any new admission packets for 3 months.

Directed Completion Date: 04/01/2023

Not Implemented [REDACTED] - 04/03/2023)