

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

March 13, 2023

[REDACTED], DIRECTOR CLINICAL SERVICES
MON-YOUGH COMMUNITY SERVICES INC
[REDACTED]
[REDACTED]

RE: UPMC WESTERN BEHAVIORAL
HEALTH AT MON YOUGH
624 LYSLE BLVD.
MCKEESPORT, PA, 15132
LICENSE/COC#: 43003

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH **License #:** 43003 **License Expiration:** 09/18/2023

Address: 624 LYSLE BLVD., MCKEESPORT, PA 15132

County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: MON-YOUGH COMMUNITY SERVICES INC

Address: [REDACTED]

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/28/2001 **Issued By:** Labor and Industry

Type: I-2 **Date:** 06/25/1999 **Issued By:** City of McKeesport

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 02/28/2023

Inspection Dates and Department Representative

02/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 **Residents Served:** 25

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 25 **Are 60 Years of Age or Older:** 14

Diagnosed with Mental Illness: 25 **Diagnosed with Intellectual Disability:** 7

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/28/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/11/2023

Inspections / Reviews (*continued*)

03/08/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2023

03/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

225c Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], indicates resident #1 requires no supervision and has no problem with judgement. However, on [REDACTED] at approximately [REDACTED], resident #1 swallowed approximately 70 [REDACTED] and told staff persons, "I want to die, I can't handle it anymore". Resident #1 was transported by ambulance to the hospital and admitted for treatment. In addition, resident #1 has a prior history of a suicide attempt; however, resident #1's suicide attempts are not indicated on resident #1's most recent assessment.

Plan of Correction**Accept** ([REDACTED] - 03/08/2023)

On 2/27/23, program supervisor provided supervision to resident #1's primary staff and discussed this resident's history of SI and recent attempt. Primary staff will conduct weekly 1:1 sessions, conduct SI assessments weekly and when [REDACTED] is having an increase in anxiety/auditory hallucinations. On [REDACTED], Program supervisor conducted a training for all employees on resident #1's safety plan, which was updated by [REDACTED] therapist on [REDACTED]. Resident #1's safety plan is kept in [REDACTED] binder where the RASP is kept. Program supervisor will complete resident #1's RASP, educate all employees of the update and retain the RASP in the resident's binder as of [REDACTED].. Program Director will re-educate all employees regarding the requirement to update a resident's assessment annually, at a significant change, and when requested by either the resident or Department. To be completed by 3/10/2023.

Licensee's Proposed Overall Completion Date: 03/10/2023**Implemented** ([REDACTED] - 03/13/2023)