

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

June 5, 2023

[REDACTED], NHA  
CPSR ASSOCIATES LLC  
200 STOOPS DRIVE  
MONONGAHELA, PA, 15063

RE: MON VALLEY CARE CENTER  
200 STOOPS DRIVE  
MONONGAHELA, PA, 15063  
LICENSE/COC#: 41816

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2023 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: MON VALLEY CARE CENTER License #: 41816 License Expiration: 10/27/2023  
 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] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Fine Exit Conference Date: 05/16/2023

**Inspection Dates and Department Representative**

05/15/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 41 Residents Served: 36  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 15 Have Physical Disability: 0

**Inspections / Reviews**

05/15/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/27/2023

05/22/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/26/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/29/2023

Inspections / Reviews *(continued)*

06/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1 10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation, dated [REDACTED], for resident #1 does not include the immunization history or indicate if unknown. The section is blank.

REPEAT VIOLATION 11/1/22, et.al.

Plan of Correction

Accept [REDACTED] - 05/22/2023)

Administrator who is an LPN corrected resident #1's DME to include immunization history on [REDACTED]. Administrator and Manager who prepare DME's re-educated themselves on the 141a regulation on [REDACTED]. Administrator and Manager examined the DME form to review all areas. Administrator and Manager audited all other residents DME's to ensure all areas were filled out completely and up to date on [REDACTED]. Going forward Administrator and Manager will use the existing electronic database that tracks the dates due for upcoming DME's and will also update the database as needed. Administrator has already added to outlook calendar a monthly reminder that will pop up to check the database for DME's due and will complete them as required per regulation.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented [REDACTED] - 06/05/2023)

141b1 Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident #2's medical evaluation was completed on [REDACTED] and did not include the immunization history or indicate if unknown. The section was blank. The previous medical evaluation was completed on [REDACTED].

REPEAT VIOLATION 2/2/23, 11/1/22, et.al.

Plan of Correction

Accept [REDACTED] - 05/22/2023)

Administrator who is an LPN corrected resident #2's DME to include immunization history on [REDACTED]. Administrator and Manager who prepare DME's re-educated themselves on the 141b1 regulation on [REDACTED]. Administrator and Manager examined the DME form to review all areas. Administrator and Manager audited all other residents

**141b1 Annual Medical Evaluation (continued)**

*DME's to ensure all areas were filled out completely and up to date on [REDACTED]. Going forward Administrator and Manager will use the existing electronic database that tracks the dates due for upcoming DME's and will also update the database as needed. Administrator has already added to outlook calendar a monthly reminder that will pop up to check the database for DME's due and will complete them as required per regulation.*

**Licensee's Proposed Overall Completion Date: 05/19/2023**

**Implemented [REDACTED] - 06/05/2023)**