

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

October 13, 2023

[REDACTED], CHIEF EXECUTIVE OFFICER
MERCY LIFE CENTER CORPORATION
[REDACTED]
[REDACTED]

RE: MERCY BEHAVIORAL HEALTH -
MUNHALL MANOR
2514 MAIN STREET
MUNHALL, PA, 15120
LICENSE/COC#: 43473

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2023 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: *MERCY BEHAVIORAL HEALTH - MUNHALL MANOR* License #: *43473* License Expiration: *07/06/2024*
 Address: *2514 MAIN STREET, MUNHALL, PA 15120*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *05/15/2008* Issued By: *Munhall Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/30/2023*

Inspection Dates and Department Representative

08/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *8*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/30/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2023*

10/02/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/11/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2023*

Inspections / Reviews *(continued)*

10/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2023

Reviewer: [REDACTED]

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

10/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most recent licensing inspection summary, dated 3/21/22, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 10/10/2023)

On 9.20.23 The Personal care home administrator has posted a copy of the current inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. The PCHA will ensure the license is posted 100% of the time.

The administrator will monitor the posting monthly . The current license will be posted on the bulletin board and a copy of the license will be placed in a folder just in case an additional copy of of the license is needed.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented () - 10/13/2023)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Description of Violation

Agency staff person A, whose first day of work was (), did not receive orientation in any of the required topics in accordance with 2600.65(a).

Plan of Correction

Accept () - 10/10/2023)

The Temp agency staff did receive orientation, but it was not documented. All temp staff and all staff working at the PCH will receive orientation prior to or during the first work day and that orientation documented following the regulations below. Any temp/staff who have worked at Munhall Manor and have not taken this orientation will receive it before returning to work at Munhall Manor and the orientation will be managed and documented by the PCHA by their next shift on the schedule 09-23-23.

The personal care home Munhall Manor is no longer using temps effective September 28, 2023 . All Direct Care staff will be trained on their first day of orientation on Evacuation Procedures, Staff duties and Responsibilities during fire drills , as well as during emergency evacuation, transportation , and at emergency location if applicable.

The staff will use the OJT checklist, the direct care staff will be trained at the designated meeting place which is outside the building . All Smoking safety procedures, the home's Smoking policy , the location of smoking areas and the location and use of fire extinguishers will also be reviewed.

65a - FS Orientation 1st Day (continued)

See attachment for OJT checklist.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented ([REDACTED]) - 10/13/2023)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Agency staff person A completed their 40th scheduled work hour on [REDACTED]. However, staff person A did not receive orientation in the following topics in accordance with 2600.65(b):

- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED]) - 10/10/2023)

All orientation will occur during the first day of work at the home. The orientation will include Emergency medical plan, mandatory, reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions. The PCHA will oversee all orientation and documentation of orientation on the first day of work at the home. This will start with the next new staff person to start at the home. The administrator will give all Direct care staff the orientation on the first day and will review the reportable incident reports with staff during individual supervision to make sure staff understands how to complete an incident report and understands the Adult protective services Act. there will be ongoing review during supervision at least once per month with the staff. The direct care staff will be shown where the emergency plan is and given examples/scenarios of what to do in case of an emergency . This emergency plan will be reviewed quarterly at staff meetings. Munhall Manor is no longer using temps effective 9/28/2023.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented ([REDACTED]) - 10/13/2023)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)

Description of Violation

At approximately 10:07 a.m., there was a 3/4 full, uncovered trash can in the kitchen and an uncovered trash can in dining room.

Plan of Correction

Accept [redacted] 10/02/2023)

The trash cans in the kitchen and bathrooms will be covered all the time to prevent the penetration of insects and rodents. Two trash cans with 2 hinged lids for black slim jims have been received and placed at the site 09/07/23. If any sight of rodents or insects, Pest control services will be immediately contacted by the PCHA for treatment of the infected area within 24 hours of the sighting.

Licensee's Proposed Overall Completion Date: 09/20/2023

Implemented [redacted] - 10/13/2023)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The baseboard heating grate in the upstairs hallway, measuring approximately 6 feet long, has multiple metal pieces that are exposed and broken off throughout the fixture, posing a skin tear and trip/fall hazard.

Plan of Correction

Directed [redacted] - 10/10/2023)

The floors, walls, ceilings, windows, doors, and other surfaces will be clean and in good repair and free of hazards. The baseboards heating is in the process of being repaired. A repair visit was scheduled by Doug Puskar HVAC on 09-11-23 , however [redacted] was unable to check the radiator on that date due to a COVID outbreak . This repair is in the process of being scheduled. Staff will report all repairs accordingly if there are any repairs needed walls, ceilings, windows, doors, and other surfaces that need to also be cleaned and in good repair. This will be completed with a service repair made by the PCHA following the next business day.

This is still be worked on and Puskar has ordered the materials and are awaiting them to install/repair the radiators. There is no ETA on the materials or parts. Supply chain issues etc have slowed this down. Perhaps 2-4 weeks would be a good timeframe. See attachment on estimate on repair.

Within 2 days of receipt of the plan of correction - The administrator will ensure a caution notice is placed around the baseboard area or a temporary covering is placed around the baseboard heating grate until the permanent repair can be made. - [redacted] 10/10/23

Directed Completion Date: 10/12/2023

Implemented [redacted] - 10/13/2023)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

At approximately 10:02 a.m., there were 3 large cardboard boxes in front of the outside stairwell, blocking egress from the basement emergency exit door.

At approximately 2:00 p.m., there was a plastic 5-gallon bucket with various items inside, blocking half of the emergency exit door on the 1st floor next to the dining room.

Plan of Correction

Accept (████) - 10/10/2023)

The stairway was blocked in the basement with a plastic 5 gallon bucket with various items inside blocking half of the emergency exit door on the 1st floor next to the dining room. The stair ways, hallways, doorways, and passageways of the building and egress routes from rooms and from the building must be unlocked and and unobstructed. The 3 cardboard boxes in front of the stairway was immediately removed and staff will not place any objects in stairways , hallways, doorways, and passageways. Housekeeping and regular staff were immediately informed to remove all items , which they did , and were counseled by PCHA not to obstruct stairways, hallways, doorways, or passageways. All staff will be reminded of this monthly by PCHA. The administrator informed RCA staff and housekeeping staff not to leave boxes and and other items blocking the stairways, hallways, passageways, and egress routes. The RCA staff and housekeeping staff was informed verbally , e-mail , and documented on the com log on 10/05/23 . The staff were informed to monitor all hall ways , exits daily to ensure there are no obstructions blocking the emegency exits doors, stair ways, hallways, or doorways. The staff will be informed at the next staff meeting on 10-18-23. The RCA staff will monitor all hall ways and exits daily to ensure there are no obstructions and will document on the task assignment. The administrator will monitor all hallways and exits at least weekly to ensure there are no obstructions.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented (████) - 10/13/2023)

132a - Monthly Fire Drill

7. Requirements

2600. 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of December 2022.

Plan of Correction

Accept (████) - 10/02/2023)

An unannounced fire drill will be held at least once per month with residents and staff on site. The PCHA will ensure all fire drills will occur monthly and that they are unannounced. The next unannounced fire drill will occur before 9/30/23.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (████) - 10/13/2023)

132c - Fire Drill Records

8. Requirements

132c - Fire Drill Records (continued)

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 fire drill record for the drills conducted on the following dates, does not include the actual time of day the fire drills were conducted, only AM or PM is indicated:

- 10/31/22 - PM
- 11/30/22 - AM
- 1/3/23 - PM
- 2/13/23 PM
- 3/17/23 -PM
- 4/10/23 - PM
- 5/23/23 - AM
- 7/17/23 - PM
- 8/25/23 - PM

Plan of Correction

Accept ([redacted] - 10/10/2023)

The PCHA will utilize the written fire drill record and enter the time correctly on the form by the next fire drill before 9/30/23. The PCHA will ensure that all fire drills record the time correctly.

All staff persons involved with recording fire drills will be reeducated with completing the form and entering the time correctly on the form. As the administrator I will review the fire drill log after every drill or I will complete it if I am there.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 10/13/2023)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A sleeping hours fire drill was conducted on 6/22/23 at 6:27 AM; however, it is unable to be determined if a sleeping hours fire drill was conducted within 6 months prior, as no times of day are indicated for fire drills conducted for the previous 6 months.

Plan of Correction

Accept ([redacted] - 10/02/2023)

A new form will be completed with the exact time of day entered on the form to indicate when the fire drill was held by the PCHA by 9/30/23. The PCHA will ensure that a sleeping hours fire drill occurs every six months.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 10/13/2023)

132f - Alternate Exit Routes

10. Requirements

132f Alternate Exit Routes *(continued)*

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front exit was the only exit route used during the fire drills held from 10/31/22 to 8/30/23.

Plan of Correction

Accept [redacted] - 10/10/2023)

There will be Alternate Exit Routes during the fire drills as required during fire drills. The home will vary the exit routes at the monthly fire drill. The PCHA will check all fire drills forms to ensure that this occurs , and if it does not, the home will run another fire drill that will be oversee by the PCHA. The PCHA will run a fire drill by 9/30/23 that uses an alternate exit route that is not the front exit.

All staff and all shifts need to alternate the exits routes during the fire drill. The residents will receive resident education that there may be at times different exit routes used and this exit routes will be blocked as portrayed in an actual fire and that this is for their safety in case there was an actual fire. The education will be given by the administrator.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 10/13/2023)