

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

April 24, 2024

[REDACTED]
MONARCH MEADOW LLC
[REDACTED]

RE: MONARCH MEADOW
490 COOLSPRING STREET
UNIONTOWN, PA, 15401
LICENSE/COC#: 44944

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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: *MONARCH MEADOW* License #: *44944* License Expiration: *08/18/2024*
 Address: *490 COOLSPRING STREET, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MONARCH MEADOW LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/20/1997* Issued By: *Dept L&I*
 Type: *Other* Date: *11/30/2020* Issued By: *North Union Twp*

Staffing Hours

Resident Support Staff: Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *49* 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: *9* Have Physical Disability: *0*

Inspections / Reviews

03/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2024*

04/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/24/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2024*

Inspections / Reviews (*continued*)

04/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/22/2024

04/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/25/2024

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

227a - Support Plan 30 Days

1. 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

Resident [REDACTED] initial assessment, dated [REDACTED] indicates that the resident requires assistance with bladder management; however, the plan to meet this need is blank and does not indicate the resident's use of a catheter. Also, the assessment indicates the resident has a minimal mobility need; however, the support plan indicates that staff will assist with keeping the resident steady and upright when walking and does not indicate the resident's use of a wheelchair for ambulation.

Plan of Correction

Accepted [REDACTED] - 04/15/2024)

The facility did not have the RASP updated for the resident after the resident had a significant status change following a hospital stay. The resident came back to the facility with a catheter, and now is using a wheelchair for ambulation. The hospital stay was from [REDACTED] to [REDACTED]. The facility understands that they have 5 days from a major status change to update the RASP. The facility corrected the RASP on [REDACTED] adding an Assessment and Support plan update and change form to RASP on [REDACTED], this will be submitted in the document phase of the POC. The facility Administrator reviewed all resident records for completed and timely support plans on [REDACTED] and was completed on [REDACTED]. The facility reviewed the discharge summary for medication changes but failed to review for status changes and changes to DME Equipment. The facility will now review every discharge summary, upon arrival back to the facility, for changes in status, medication, and DME equipment. This review will be completed by the Administrator of the facility, the facility RN, or the Office Manager of the facility. This new hospital discharge policy was created and implemented on [REDACTED] and will be submitted in the document phase of POC. There has also been a new significant change to resident status form that will be completed by staff at facility upon any change to residents overall status. These changes will be specifically labeled on form and will include the following:

1. DME Equipment Change
2. Level of Mobility needs
3. Supervision
4. Medication administration needs
5. Communication needs
6. Eating and Drinking Needs
7. Toileting Needs
8. Bowel Management Needs
9. Bladder Management Needs
10. Transferring Needs
11. Ambulation Needs

this form will also have a section for other and explain, this will allow staff to report any other change that is not on the form. These forms will be available to all staff including management (Administrator), forms will be turned into management so resident can be properly evaluated and RASP corrected as needed. The new significant change to Resident Status form was created on [REDACTED] and was implemented on [REDACTED]. A copy of the form will be provided in the document phase of POC. The Resident Record Checklist that has been implemented for years at facility, was also updated to included a new entry, which is noted below:

1. Has RASP needed updated to include any significant changes to resident status and when: Date updated- this new updated resident record checklist was created on [REDACTED] and implemented on [REDACTED]. A copy of the

227a - Support Plan 30 Days (continued)

new resident record checklist will be provided during the document phase of the POC.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] - 04/24/2024)

251c - Standardized Forms

2. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] preadmission screening form, dated [REDACTED], and medical evaluation, dated [REDACTED], are completed using [REDACTED] Pro; however, the home does not have a waiver from the Department for their use in place of standardized forms.

Resident [REDACTED] preadmission screening form, dated [REDACTED], and medical evaluation, dated [REDACTED], are completed using [REDACTED] Pro; however, the home does not have a waiver from the Department for their use in place of standardized forms.

Plan of Correction

Accepted [REDACTED] 04/08/2024)

The facility has been using [REDACTED] Pro for the past five years. The facility was unaware of the regulation or a need for a waiver. A request for a waiver to be able to use [REDACTED] Pro and to stay in compliance with this particular regulation was submitted to the department and then resubmitted with the requested changes from the department on [REDACTED]. On [REDACTED] the facility did receive a waiver for this particular regulation. A copy of the request and the waiver will be submitted in the document phase of the POC.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [REDACTED] - 04/23/2024)