

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

May 14, 2024

[REDACTED]  
MERCY LIFE CENTER CORPORATION

[REDACTED]  
ATTN: LICENSING/COMPLIANCE  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2024 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: *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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *04/18/2024*

**Inspection Dates and Department Representative**

*04/18/2024 - 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: *7*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/18/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

**05/02/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/14/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2024*

Inspections / Reviews *(continued)*

05/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/15/2024

05/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 190b - Insulin Injections

## 2. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

## Description of Violation

Staff person A, who has not successfully completed a Department-approved diabetes patient education program since 11/23/22, administered [REDACTED] to resident [REDACTED] on multiple dates and times, including the mornings of 4/2/24 through 4/5/24, 4/10/24-4/11/24, 4/13/24, and 4/16-24-4/18/24; and the afternoons of 4/2/24-4/3/24, 4/9/24, 4/11/24, 4/13/24, and 4/17/24.

## Plan of Correction

Accept [REDACTED] - 05/08/2024)

Staff Person A will complete a Department -approve Diabetes patient education program on 5-1-24. The RN on site is administering [REDACTED] to Resident [REDACTED] and when [REDACTED] is not on site the staff who have completed the Department approve medications administration course will administer [REDACTED] injections .

Staff person A has completed a department -approved diabetes education program on 11-23-22. Staff Person A took the diabetes training on 5-1-24 to be in compliance with the regulations. All 4 Staff that needed to take the Diabetes education training have completed the training on 5-1-24. Staff Person A has completed Med training ( 3-21-08 ) Observation ( 4-11-08 ) Observation ( 4-11-24 ) and Mars Review ( 1-3-24 ) Staff person A is in compliance as per REG 190 c 2600.190 ( c ) A record of the training shall be kept including the staff person trained , the date, source, name of trainer and documentation that the course was successfully completed.

[REDACTED] RN Trainer Certification DHS Medication Administration will check the Mars daily starting 5/2/24 to ensure the [REDACTED] is given to the resident as documented in the Mars 4 times days per day.

[REDACTED] RN, Certified Diabetes Care and Education Specialist, Certification valid through December 31, 2025, Certificate No. 20010023 Renewal Date; September 15, 2020 has completed the Diabetes training for Staff Person A and the other Staff persons that were out of compliance that are now in compliance.

[REDACTED] RN Trainer Certification DHS Medication Administration has and will check the Mars daily starting 5/2/24 to ensure the [REDACTED] is given to the resident as documented in the Mars 4 times days per day.

That only a staff person that is permitted to administer insulin injections following successful completions of a Department-approved medications administration course that includes the passing of a written performance- based competency test within the past 2 years, as well as successful completion of a Department – approved diabetes patient education program within the past 12 months.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented [REDACTED] - 05/14/2024)