

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

October 21, 2024

[REDACTED], EXECUTIVE DIRECTOR  
MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY  
[REDACTED]  
[REDACTED]

RE: M.H.A. ENHANCED PERSONAL CARE  
HOME  
200 SPRING STREET  
BENTLEYVILLE, PA, 15314  
LICENSE/COC#: 42415

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2024 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: M.H.A. ENHANCED PERSONAL CARE HOME License #: 42415 License Expiration: 06/17/2024  
 Address: 200 SPRING STREET, BENTLEYVILLE, PA 15314  
 County: WASHINGTON Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: 7242393775 Email: ldanko@mhawashcopa.org

**Legal Entity**

Name: MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/20/2006 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Incident Exit Conference Date: 07/16/2024

**Inspection Dates and Department Representative**

07/16/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 12 Residents Served: 12  
 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: 12 Diagnosed with Intellectual Disability: 5  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

07/16/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/05/2024  
 08/16/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/18/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

Inspections / Reviews *(continued)*

09/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/26/2024

10/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home did not obtain written receipts for cash disbursements made from resident #1's account from [redacted], [redacted].

The home did not obtain written receipts for cash disbursements made from resident #2's account in [redacted], [redacted].

The home did not obtain written receipts for cash disbursements made from resident #3's account in [redacted], [redacted].

The home did not obtain written receipts for cash disbursements made from resident #4's account in [redacted], [redacted].

Plan of Correction

Accept ( [redacted] - 09/19/2024)

Since inspection, the assistant administrator facilitates the resident signing for all cash disbursements at the time of disbursement. Additionally, assistant administrator issues a written receipt on the date of the disbursement. Receipt is provided to the resident and a carbon copy is obtained for administrator records.

Administrator will ensure that receipts are being issued and compare to the signing out of cash disbursements to make sure they match up. This will begin on 9/30/24 and will occur at the end of each month moving forward.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [redacted] - 10/21/2024)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions from [redacted].

Resident #2 has not received a quarterly account of financial transactions from [redacted].

Resident #3 has not received a quarterly account of financial transactions from [redacted].

20b8 Quarterly Account (continued)

Resident #4 has not received a quarterly account of financial transactions from [REDACTED]

Plan of Correction

Accepted [REDACTED] - 09/19/2024

Assistant administrator was trained on how to write up a quarterly account of financial transactions after the inspection. Assistant administrator provided a quarterly account of financial transactions to all residents or their designated person for April June 2024. Assistant Administrator is responsible for providing a quarterly account of financial transactions to all residents or their designee by the last day of each quarter. The administrator will review all letters sent out for each quarter to ensure that they are done timely and accurately.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/21/2024

125b - Combustible Restrictions

3. Requirements

2600.  
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

There was a 6.7 ounce, 1/4 full bottle of [REDACTED] on a table in resident #1's bedroom that was unlocked, unattended and accessible to residents.

Plan of Correction

Accepted [REDACTED] - 08/15/2024

The nail polish remover was immediately removed from resident #1's bedroom and placed in a locked cabinet, inaccessible to residents. In order to correct this violation in the future, all resident shopping bags will be checked for combustible materials. Additionally, when using these items, all residents will be supervised and staff will ensure that the items get locked back up after use.

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented [REDACTED] - 10/21/2024