

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

March 17, 2025

[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 02/13/2025 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: 08/18/2025
 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: Labor & Industry
 Type: Other Date: 11/30/2020 Issued By: North Union Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/13/2025

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 49 Residents Served: 32
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 14
 Number of Residents Who:
 Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

02/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2025

03/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/15/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/15/2025

Inspections / Reviews *(continued)*

03/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82a Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:15 a.m., there were no product labels on the two plastic bottles on the housekeeping cart located to the right of the office:

- According to staff person A, housekeeper, the green liquid in a 24-ounce spray bottle was a disinfectant.
- A 16-ounce spray bottle containing a clear liquid and was marked "Bleach Water"

Plan of Correction

Accept [redacted] - 03/10/2025)

On [redacted] it was brought to my attention that there were no product labels on bottles, that were located on the housekeeper cart. I immediately removed them from the cart and looked at all of the other bottles to confirm they had appropriate labels. The bottles that were removed had appropriate labels applied on them to become within compliance of Pa Regulations 2600. All cleaning materials are supplied by CINTAS, who I notified on 2/14/2025, I explained to them what happened and also requested extra labels for all cleaning materials supplied by them. On 2/15/2025 Cintas supplied me with extra bottle labels for all the cleaning material they supply at facility, I will provide a copy of these labels in the final step of the POC. The facility has developed a form on 2/16/2025, that was implemented on 2/25/2025, that is on the housekeeper cart that will indicate what kind of cleaning material bottle is on the cart, when it was filled, confirmation of appropriate label on the bottles, and the initials of the staff member who filled the bottles and placed them on the cart. This form will be checked by supervisor weekly to ensure staff is following through with the POC. As a final step to the POC the facility has also educated staff on 2/25/2025, on regulation 2600.82.a, and the importance of regulation. All staff were directed to immediately remove any bottles that are not labeled appropriately and to notify a supervisor. A copy of the education will be provided to the department in the POC.

Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [redacted] - 03/17/2025)

105g Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was a significant accumulation of lint coming out of the exterior dryer vent, as well as an accumulation on multiple bricks surrounding exterior vent. There was also an approximate 5" by 2" pile of lint on the ground to the right of the exterior vent.

Plan of Correction

Accept [redacted] 03/10/2025)

On [redacted] I was notified by the inspector that there was lint built up on the exterior of the facility. This lint was on the ground under the exterior vents and also on the exterior wall under the exterior vents. On 2/13/2025 at approximately 2:30pm I cleaned the lint from the exterior wall, and ground on the exterior of the building. I then went and made sure both dryers were cleaned and that the interior vents were free of any lint build up. On 2/15/2025 a new dryer vent system was installed with screens on the vents, to prevent buildup of lint on the

105g Lint Removal and Duct Cleaning (continued)

exterior of the building or on the ground of the exterior of the building. The facility already had a form for cleaning the dryer vents after every use, to comply with regulation 2600.105.g. The facility has expanded its Dryer vent cleaning form to now include the cleaning of the exterior dryer vent screens, to prevent a buildup of lint either on the wall or the ground of the exterior of the building. This form will be completed by staff doing laundry daily, to ensure that the facility remains in compliance. On 2/25/2025 all staff were trained on regulation 2600.105.g, the importance of regulation, the new dryer vent form, and how to clean the exterior dryer vent screens. A copy of the training from 2/25/2025, Pictures of the new dryer system, and the new dryer vent form will all provided in the last step of the POC.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented [REDACTED] 03/17/2025)

225c - Additional Assessment**3. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment, dated [REDACTED] for resident [REDACTED] indicates the resident has no supervision needs; however, the summary and determination section indicates the "resident will and has attempted to elope and go outside," and that staff has been educated to redirect resident and ensure door alarms are engaged. Staff also indicated that several months ago, resident [REDACTED] wandered outside to the ramp, and was picked up by someone driving by who took the resident to the hospital. A wander guard system was put in place for the resident on [REDACTED]. Also, the resident has not been assessed in long term memory, that section is blank. The assessment also indicates the resident requires total physical assistance with using a prosthetic device, however, the resident does not have a prosthetic device.

Plan of Correction

Accept [REDACTED] - 03/10/2025)

On [REDACTED] at approximately 8:00 AM, Resident [REDACTED] resident chart was reviewed and updated to include the following changes to the RASP: to include a change in supervision needs, from no supervision or routine supervision to extensive supervision, to reflect recent changes in resident needs as it pertains to supervision. The resident had an incident of elopement on 1/4/2025 that prompted the facility to fit resident with a wander guard to assist in the attempts of elopement. although this change was made, it did not reflect on the RASP. On 2/15/2025, I updated the RASP to reflect that the resident does have a wander guard to assist in preventing elopement attempts, and the responsibility of staff assisting resident daily, as it pertains to the wander guard. The resident had been assessed for long term memory but, the RASP did not reflect this because of a human error in the process of completing the RASP. The RASP was updated on 2/15/2025 to reflect that resident [REDACTED] has Moderate impairment with long term memory, this corrected the error on the RASP done on 11/7/2024. The resident does not have any prosthetic device, nor has [REDACTED] ever had while in facility. Although this is the case, the RASP reflected otherwise, due to human error in the process of completing the RASP on 11/7/2024. On 2/15/2025 the RASP was updated to reflect that the resident has no prosthetic device, this was done by checking the box on the RASP which is E Not Applicable on page 4 of RASP. On 2/15/2025 there was also a support plan and assessment update, and changes page added to the RASP. This update and change page added, explains the new supervision needs and the concerns regarding elopement as it pertains to resident [REDACTED]. All staff were updated on 2/25/2025 on residents updated RASP and [REDACTED] needs as it reflects on the updated support plan and assessment. On 2/25/2025 the facility developed and implemented a new Resident Supervision Assessment form. This form will be available for staff to complete, if they observe any possible changes

225c Additional Assessment (continued)

to supervision needs. The form will be completed by staff and given to the supervisor or administrator. The supervisor or administrator will evaluate resident and update the RASP accordingly. The facility will provide all documentation of changes in the last step of the POC.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ████ - 03/17/2025)