

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

July 11, 2025

[REDACTED], CHIEF EXECUTIVE OFFICER
MERCY LIFE CENTER CORPORATION

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 04/23/2025 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: *MERCY BEHAVIORAL HEALTH - MUNHALL MANOR* License #: *43473* License Expiration: *07/06/2025*
 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: *MUHALL BOROUGH*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *05/23/2025*

Inspection Dates and Department Representative

04/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *7*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/23/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2025*

Inspections / Reviews (*continued*)

05/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/22/2025

05/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/18/2025

07/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/3/25 at approximately 3:00 PM, the home submitted an incident report to the Department involving resident #3; however, the incident report included inaccurate information and included the name, address, license number and telephone number for another personal care home owned by the same legal entity.

Plan of Correction

Accept (█) - 05/29/2025)

The home reported the incident incorrectly on 3/3/25. The discrepancy occurred due to an error made by the home's staff who was completing DHS incident reporting for the first time. After reviewing the incident report and realizing the error, all of the home's staff was provided with Reporting of Reportable Incidents, Emergency Procedures, Disaster Plan and Emergency Medical Plan Training.

- *On 3/12/25 the home's leadership implemented an updated CMHPCH Incident Reporting policy which reflects Regulation 2600.16.c*
- *On 3/21/25 the home resubmitted the 3/3/25 incident report containing all the corrected information to DHS.*
- *On 3/26/25 Reporting of Reportable Incidents, Emergency Procedures, Disaster Plan and Emergency Medical Plan Training was provided by the home's acting PCHA. All staff who attended were provided with a review of the 19 reportable incidents, Departmental reporting regulations and relevant forms. This review included Regulation 2600.16.c. The PCHA reviewed the Incident Reporting Binder and demonstrated how to use it as a resource after a reportable event. Staff who were unable to attend the in-person training reviewed the incident report policy, Incident Report Binder, and Emergency Procedures, Disaster Plan and Emergency Medical Plan for Munhall Manor and have been provided with opportunities to ask any questions. Copies of staff's training certificates and signed Policies and Procedures are maintained in individual staff charts.*
- *On 3/26/25 The updated Incident Reporting binder has been placed in the Munhall Staff Office. Incident Reporting forms, procedures, tips/guides, and policies are available for all staff on the G-drive for staff to access in the Munhall Folder as a resource to ensure on-going compliance with Incident Reporting.*
- *On 4/25/25 Munhall Manor implemented a new initial and annual training log to ensure timely initial and annual trainings on Incident Reporting to ensure compliance.*
- *Beginning 5/12/25 the home's acting PCHA/PCHA-in-training will verify the accuracy and timeliness of incident reports on the Incident Report Tracker on a monthly basis. The Incident Report Tracker will be reviewed at the Quarterly Quality Management Review to ensure any concerns are addressed promptly. This tracker will be maintained in the Audit Zone.*
- *Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.*
- *The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.*

16c - Written Incident Report (continued)

- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Proposed Overall Completion Date: 05/16/2025

Proposed Overall Completion Date: 05/22/2025

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa. code, chapter 3, known as the Boilers and Unfired Pressure Vessels, requires homes that have boilers to have a valid Certificate of Boiler or Pressure Vessel Operation issued by the PA Department of Labor and Industry. The home's current boiler certificate expired on 6/17/23.

Plan of Correction

Accept (█) - 05/29/2025)

The home's boiler certificate had been provided to the home's landlord, and the landlord had not updated the posting.

- On 4/23/2025 the home submitted a request for the boiler certificate.
- On 5/1/2025 the home's landlord provided the current boiler certificate which was issued on 8/30/2023 and is valid through 8/4/2025.
- On 5/1/2025 the boiler certificate was posted.
- On 5/9/25 The home's PCHA verified the certificate is still in place in the boiler room.
- On 5/15/25 verification of the boiler certificate will be added to the home's Safety and Maintenance Checklist and this will be reviewed by the PCHA monthly and will be kept in the Audit Zone.
- On 5/15/25, a check for the current posting of the home's boiler certificate was added to the home's Safety

18 - Compliance With Laws (continued)

and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25.

- Beginning 5/19/25 the home's administrator will contact the landlord if the certificate is due to expire, at least 2 months before the expiration, to request documentation, to ensure the boiler will be inspected and the new certificate is obtained before the current certificate expires to ensure compliance with Regulation 2600.18.
- On 5/19/25 the home's landlord confirmed that [REDACTED] is aware of the certification expiration date in August and that the state completes the boiler inspection, and it will be completed when the state schedules it and [REDACTED] will provide us with the certificate when the inspection has been completed.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 07/11/2025)

26a - Quality Management Plan

3. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management review within the past year.

Plan of Correction

Accept ([REDACTED] - 05/29/2025)

During 2023 to 2024, the home did not review the quality management plan. Moving forward, the home will resume completing quality management reviews quarterly to ensure compliance and quality management improvements and will complete an annual review to establish best practices and training for the next year.

- On 3/7/25, the home's Compliance Officer completed updates to the organizations PCH's Quality Management Plan and Procedure to reflect a review of all topics from Regulation 2600.26.a. The PCHA will use this form during all Quality Management Review Meetings.
- Starting on 5/15/25, the home will have quarterly quality management review meetings (June, September, December, March) starting with an annual review in June. Progress towards quality improvement will be documented on the homes Quality Management Plan. The home's quality management plan will review:

26a - Quality Management Plan (continued)

- (1) The reportable incident and condition reporting procedures
- (2) Complaint procedures
- (3) Staff person training
- (4) Licensing violations and plans of correction, if applicable
- (5) Resident or family councils, or both, if applicable (the home has resident council)
- Starting on 5/15/25, the approved form will track progress during quarterly reviews (June, September, December, March) and annually in June. The quality management plan will be reviewed by the home’s PCHA, the MH residential director, and others as identified.
- On 5/9/25 the home scheduled quarterly meetings for Quality Management reviews on 6/18/25 (annual), 9/24/25, 12/17/25 and 3/18/26. Participation in the quality management review will be documented on the home’s Quality Management Plan and are confirmed by the signature of attendees. This documentation of the quality management plan and reviews will be maintained the home's audit zone.
- The quarterly quality management plans will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█ - 07/11/2025)

56 - Admin 20 Hours/Week

4. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

According to numerous staff persons, █ the home's current administrator, is not present in the home an average of 20 hours per week. An agent of the Department requested staff person █ schedule from staff person █ however, one was not provided. According to staff person █ is also currently serving as the administrator at 2 other personal care homes owned by the same legal entity.

Plan of Correction

Accept (█ - 05/29/2025)

The home’s organization has been actively working on hiring and training PCHAs to assist in managing the legal entities homes. Beginning in June 2025, there will be a total of 4 PCHAs working within the legal entity to support

56 - Admin 20 Hours/Week (continued)

the three homes. The organization is working to hire and train one additional PCHA, bringing the total to 5. Munhall Manor will have one PCHA working 37.5 hours per week assigned to the program to ensure that the home is compliant with Regulation 2600.56 and have a PCHA at the site an average of 20 hours per week or more.

- Beginning 4/24/25 the PCHA(s) will list their hours worked at the site on the master schedule. The home will calculate the average of 20 hours per week across the month.
- On 4/25/25 one PCHA received their license after completing the 100-hour course and orientation.
- After 5/29/25 two PCHA's will receive their licenses after completing the 100-hour PCHA course. Testing can begin on 5/29/25 and orientation can be scheduled after its completion.
- The monitoring step to ensure a qualified administrator is present in the home as per regulation 2600.56. is that the home's administrator/PCCHA-in-Training is documenting on the staff schedule the name of the Administrator who was in the home, and what hours they worked weekly, to ensure compliance with regulation 2600.56. The home's administrator/PCCHA-in-Training will calculate the average of 20 hours per week across the month and document this on the schedule.
- The PCHA-in-training is on site 37.5 hours each week. [REDACTED] will complete the 100-hour administrator course on 5/22/25 and will complete the test as soon as possible after 5/22/25. The required Orientation course will be scheduled as soon as possible after [REDACTED] passes the 100-hour administrator course test.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 07/11/2025)

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There were no staff persons present in the home who are currently trained in first aid and certified in obstructed airway techniques and CPR on numerous occurrences, to include the following date/times:

- On 4/21/25 from approximately 4:00 PM through approximately 7:00 AM on 4/22/25
- On 4/20/25 from approximately 4:00 PM through approximately 7:00 AM on 4/21/25

63a - First Aid/CPR Training (continued)

- On 4/19/25 from approximately 4:00 PM through approximately 8:00 AM on 4/20/25
- On 4/18/25 from approximately 4:00 PM through approximately 8:00 AM on 4/19/25
- On 4/17/25 from approximately 4:00 PM through approximately 7:00 AM on 4/18/25
- On 4/16/25 from approximately 4:00 PM through approximately 7:00 AM on 4/17/25
- On 4/15/25 from approximately 4:00 PM through approximately 7:00 AM on 4/16/25
- The entire day on 4/12/25 and 4/5/25
- On 4/9/25 from approximately 4:00 PM through approximately 7:00 AM on 4/10/25
- On 4/8/25 from approximately 4:00 PM through approximately 7:00 AM on 4/9/25
- On 4/7/25 from approximately 4:00 PM through approximately 7:00 AM on 4/8/25
- On 4/6/25 from approximately 4:00 PM through approximately 7:00 AM on 4/7/25

Plan of Correction

Directed (█) - 05/29/2025)

Due to deficits in training plans and tracking, multiple staff at the home had lapses in their CPR/First Aid Certification. Additionally, at the time of the inspection the PCHA did not have access to the digital training records of staff, so certificates were not available for the auditor.

- By 5/15/25 the PCHA/PCHA-in-training will review the schedule and worked to ensure one or more staff with current CPR/First Aid training are always present. (DIRECTED: The administrator/designee shall review the home's schedule daily to ensure compliance with 2600.63a. █ 5/29/25).
- On 5/7/25 Staff B and Staff C completed CPR and First Aid training. Copies of E-cards will be printed and placed in the CPR and First Aid Card folder in the audit zone and in the staff's individual chart.
- By 5/15/25 the home will update a folder of current CPR and First Aid Cards for staff in the audit zone; copies of current cards/certificates will be maintained in the individual staff chart.
- By 5/15/25 the home will implement a CPR/First Aid Compliance Tracker to ensure that all staff maintain current skills and certification to ensure compliance with Regulation 2600.63.a by improving the tracking and scheduling of training.
- For ongoing monitoring, the PCHA/PCHA-in-training will review CPR/First Aid compliance quarterly using the tracking tool developed at the Quality Management Meeting. This tool will be maintained in the home's audit zone, the first review is scheduled for 6/18/25
- By 5/15/25 the home's PCHA/PCHA-in-training will review the schedule from the time periods indicated on the LIS and provide any copies of certificates unavailable at the time of the inspection.
- By 5/15/25 the home's PCHA/PCHA in training will review the schedule for the month of May to ensure that current staffing patterns ensure that at least one CPR/First Aid trained staff are present in the home at all times.
- Beginning 5/15/25 the home's administrator PCHA/PCHA-in-training will review the CPR/First Aid tracker to ensure compliance with regulation 2600.63a. This review will occur monthly and at the quarterly quality management review meetings. The first quality review meeting will occur on 6/18/25. After review by the PCHA/Supervisor, copies of the CPR/First Aid tracker will be maintained in the Audit Zone.
- Beginning 5/15/25 the home's administrator /Supervisor will indicate on a copy of the staff schedule which staff have CPR/First Aid to ensure compliance with regulation 2600.63a. After review by the

63a - First Aid/CPR Training (continued)

PCHA/Supervisor, copies of the CPR/First Aid tracker will be maintained in the Audit Zone.

- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Proposed Overall Completion Date: 05/22/2025

Directed Completion Date: 06/18/2025

Implemented ([REDACTED] - 07/11/2025)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED] did not receive annual training on any of the topics specified in 2600.65f during the 7/1/23 through 6/30/24 training year.

Direct care staff person C, hired on [REDACTED] did not receive annual training on the following topics during the 7/1/23 through 6/30/24 training year:

- Medication self-administration
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments
- Personal care service needs of the resident

65f - Training Topics (continued)

- Safe management techniques
- Care for residents with mental illness or an intellectual disability. The home currently serves residents with mental illness and an intellectual disability

Plan of Correction

Accept (█) - 05/29/2025)

On the date of inspection, the home was unable to provide documentation of training. Staff B had completed numerous trainings under Regulation 2600.65.f however the administrator working during the audit was unable to print out the certificates, and Staff B.'s chart had not been updated to reflect █ trainings accurately.

On 5/15/25 the home PCHA/PCHA-in-training verified that Staff B completed the trainings required for compliance with Regulation 2600.65.f on the following dates:

1. Medication self-administration training completed on 5/6/2025 (Assisting with Medication Self Administration: The Basics)
2. Instruction on meeting the needs of the residents completed on 5/5/2025 (Personal Care Best Practices)
3. Care for residents with dementia and cognitive impairments completed on 5/11/2025 (Dementia Care I, II and III)
4. Infection control and general principles of cleanliness and hygiene and on 12/25/2023, 1/29/2024, 2/10/2025 and 2/11/2025, 5/5/2025 (OSHA, Hand Hygiene, Personal Care Best Practices)
5. Personal care service needs of the resident completed on 5/5/2025 (Personal Care Best Practices)
6. On 5/10/25 Staff B was assigned training Safe Management Techniques (Crisis Management Refresher).
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home completed on 2/4/2024, 2/16/2025 (Trauma Informed Care) and on 5/11/25 (Schizophrenia Spectrum and Other Psychotic Disorders for Paraprofessionals).

The PCHA/PCHA-in-training will follow corrective action procedures if the training is not completed by 5/15/25.

On 5/10/25 Staff C was assigned training for Medication self-administration training, Instruction on meeting the needs of the residents, Care for residents with dementia and cognitive impairments, Personal care service needs of the resident, Safe management techniques and Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home to be completed by 5/14/25. The PCHA/PCHA-in-training will follow corrective action procedures if the trainings are not completed by 5/14/25.

- On 10/1/24 the home's acting administrator provided the home's staff with an Annual Training Plan covering 7/1/24 to 6/30/25 to improve compliance with Regulation 2600.65.f this was provided via email and posted in the home's communication log.
- On 4/25/25 the home implemented an improved 2024 to 2025 Annual Training Plan and Log which includes the specific trainings and regulations that they meet to ensure that all staff remain compliant with Regulation 2600.65.f. This training log will be filed in the individual staff chart at the end of the training year (6/30/25).
- Beginning 5/10/25 the home's PCHA-in-training will review staff training compliance monthly during supervision. All staff training logs and certificates will be audited and any staff found deficient in required departmental training will be assigned this for completion during their next assigned shift(s). This will be documented on supervision briefs which are maintained in the supervisor's office.

65f - Training Topics (continued)

- Beginning 5/15/25 the home’s PCHA/PCHA-in-training will begin to review staff training progress at quality management reviews (June, September, December, March).
- By 6/30/25 the home’s PCHA/PCHA-in-training will review and establish the upcoming 2025 to 2026 training plan and log, and clearly indicate all department required trainings.
- Staff Person C did not complete these trainings by 5/14/25. Staff Person C no longer works at this home effective [REDACTED]
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 07/11/2025)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Direct care staff person B, hired on [REDACTED] did not receive annual training on the following topics during the 7/1/23 through 6/30/24 training year:

- Emergency preparedness procedures and recognition and response to crises and emergency situations
- Resident rights
- Falls and accident prevention

Direct care staff person C, hired on 10/22/22, did not receive annual training on the following topics during the

65g - Annual Training Content (continued)

7/1/23 through 6/30/24 training year:

- Resident rights
- The Older Adult Protective Services Act (OAPSA)
- Falls and accident prevention

Plan of Correction

Accept ([REDACTED]) - 05/29/2025)

On 5/15/25 the home PCHA/PCHA-in-training verified that Staff B completed the trainings required for compliance with Regulation 2600.65.g on the following dates:

- Emergency preparedness procedures and recognition and response to crises and emergency situations - completed on 1/28/2024 AND 3/26/25
- Resident rights - completed on 2/5/2024 AND 2/26/25
- Falls and accident prevention - completed on 5/5/2025

- On 5/10/25 Staff C was assigned training for Resident Rights, The Older Adult Protective Services Act (OAPSA) and Falls and accident prevention to be completed by 5/14/25. The PCHA/PCHA-in-training will follow corrective action procedures if the trainings are not completed by 5/14/25.
- On 10/1/2024 the home's acting administrator provided the home's staff with an Annual Training Plan covering 7/1/24 to 6/30/25 to improve compliance with Regulation 2600.65.g. This was provided via email and posted in the home's communication log.
- On 4/25/25 the home implemented an improved 2024 to 2025 Annual Training Plan and Log which includes the specific trainings and regulations that they meet to ensure that all staff remain compliant with Regulation 2600.65.g. This training log will be filed in the individual staff chart at the end of the training year (6/30/25)
- Beginning 5/10/25 the home's PCHA-in-training will review staff training compliance monthly during supervision. All staff training logs and certificates will be audited and any staff found deficient in required departmental training will be assigned this for completion during their next assigned shift(s). This will be documented in supervision briefs which are maintained in the supervisor's office.
- Beginning 5/15/25 the home will begin to review staff training progress at quality management reviews (June, September, December, March).
- By 6/30/25 home will review and establish the upcoming 2025 to 2026 training plan and log, and clearly indicate all department required trainings.

- Staff Person C did not complete these trainings by 5/14/25. Staff Person C no longer works at this home effective [REDACTED]
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.

65g - Annual Training Content (continued)

- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

85a - Sanitary Conditions

8. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:33 AM, a thick layer of dust covered the exhaust fan in residents #1 and #2's shared bathroom.

At 10:37 AM, a thick layer of dust covered the exhaust fan in resident #3's private bathroom.

Plan of Correction

Accept (█) - 05/29/2025)

On 4/24/25 the exhaust fans in residents #1 and #2's shared bathroom and in resident #3's private bathroom were cleaned.

On 5/8/25 the home's MH Residential Manager placed a requisition for immediate cleaning of the home's vents by the cleaning contractor, this cleaning will be completed no later than 5/25/25.

On 5/8/25 the home's MH Residential Manager placed a requisition for reoccurring cleaning of the home's vents to prevent any build-up of dust or debris on and in vents.

On 5/10/2024 all of the home's staff received instruction via email regarding how to report a concern about safety and maintenance issues to ensure the home's compliance with Regulation 85.a to ensure the residents have sanitary conditions.

On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist which will be reviewed by the PCHA and kept in the Audit Zone. Reoccurring issues will be discussed at the Quarterly Quality Management Plan Review.

By 5/23/25 the PCHA will provide education to all of the home's staff on how to report a concern about safety and maintenance issues to ensure the home's compliance with Regulation 85.a to ensure the residents have sanitary conditions.

- The frequency of the vent cleaning will be as needed and at least monthly.
- Beginning on 5/8/25 and ending 5/9/25 all vents in the home were cleaned by the home's housekeeping staff. This was verified by the home's administrator. The housekeeping supervisor will conduct a check that all vents were properly cleaned on 5/20/25. If any vents were not properly cleaned, █ will clean those vents on 5/20/25.
- On 5/15/25, a check for the cleanliness of all vents was added to the home's Safety and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's

85a - Sanitary Conditions (continued)

administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25 to ensure compliance with Regulation 2600.85.a.

- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

89a - Water Pressure

9. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

At 10:33 AM, there was no hot water at the bathroom sink in the shared bathroom of residents #1 and #2.

Plan of Correction

Accept (█) - 05/29/2025)

On 4/23/25 at the time of the discovery of the low water temperature in residents' #1 and #2 bathrooms and no complaints had been made about a lack of hot water. So it is believed the problem was newly discovered at the audit. On 4/23/25 █ Plumbing sent a plumber to address the issue but were unable to diagnosis the issue with the resources on hand. An appointment was made for them to return on 4/25/25. Alternate arrangements were made for occupants of rooms #1 and #2 to utilize the private showers at Outlook Manor which are located outside of resident rooms for the duration of the plumbing issue. Hot water was available at other sinks throughout Munhall Manor for washing their hands.

- On 4/25/25 █ Plumbing was able to diagnose the problem, and completed the necessary repairs as documented in the Work Order Description/Work Summary.
- Beginning on 5/15/25 the home will monitor the water temperatures in resident #1 and #2 daily, as well as two other rooms daily for a period of 30 days. If the water temperatures remain below 120 degrees F with adequate pressure, the home will transition to monitoring the water temperature of 4 resident bathrooms per week for ongoing monitoring. Copies of the water temperature logs will be maintained in the audit zone.

89a - Water Pressure (continued)

- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented () - 07/11/2025

95 - Furniture and Equipment

10. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 10:30 AM, the covers to the baseboard radiators were detached and laying on the ground under the sink in resident #3's private bathroom.

Plan of Correction

Accept () - 05/29/2025

4/24/25 the homes PCHA had the removed heater pieces placed in the supervisor's office and ensured that there were no sharp or exposed heating elements.

- On 5/9/25 The home's PCHA placed a work order for a repair or replacement for the heater to be placed in this area to ensure that Resident #3's room remains comfortable.
- On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist to ensure compliance with Regulation 2600.95 it will be reviewed by the PCHA and kept in the Audit Zone.
- By 5/23/25, the home's PCHA will educate the staff on Regulation 2600.95 regarding the method for assessing and addressing that all furniture and equipment must be in good repair, clean and free of hazards
- On 5/12/25, the protective guards for the baseboard radiators in resident #3's bathroom were added back on by Pittsburgh Mercy's maintenance staff. This was verified by the home's supervisor (PCHA-in-training).
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.

95 - Furniture and Equipment (continued)

- On 5/15/25, a check for furniture and equipment must be in good repair, clean and free of hazards was added to the home's Safety and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25 to ensure compliance with Regulation 2600.95.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025

100a - Exterior - Free of Hazards

11. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 10:05 AM, a screw was missing from the bracket that attaches the top handrail to the building outside the emergency exit door near the staff bathroom, causing the handrail to move approximately 1" in each direction.

Plan of Correction

Accept (█) - 05/29/2025

- On 4/23/25 the homes PCHA placed a work order for repair of the railing.
 - On 4/24/25 the home's maintenance department repaired the railing and replaced the missing screw.
 - On 5/12/25 the home's PCHA verified the railing is still securely attached and does not move with use.
 - On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist to ensure compliance with Regulation 2600.95 it will be reviewed by the PCHA and kept in the Audit Zone.
 - By 5/23/25 the PCHA will educate staff on monitoring maintenance needs and reporting repairs.
-
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
 - On 5/15/25, a check for the exterior of the building and the building grounds or yard are in good repair and free of hazards was added to the home's Safety and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25 to ensure compliance with Regulation 2600.100.a.

100a - Exterior - Free of Hazards (continued)

- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

101j7 - Lighting/Operable Lamp**12. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:30 AM, no operable lamp or other source of lighting that can be turned on/off from bedside was present near resident #1's bed.

At 10:45 AM, resident #4's bedside lamp was approximately 10 feet from resident #4's bed, and was approximately 4 feet from resident #4's sofa, where resident #4 regularly sleeps.

Plan of Correction

Accept (█) - 05/29/2025)

On 4/23/25 the home's staff placed lamps near the bedsides for both resident #1 and resident #4 to ensure that these rooms comply with regulation 101.j.7.

- On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist to ensure compliance with Regulation 2600.101.j. It will be reviewed by the PCHA and kept in the Audit Zone.
- By 5/23/25 the home's staff will be provided with an education of Regulation 2600.101.j. on the importance of an operable bedside light to help reduce falls and injuries due to poor visibility.
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- On 4/24/25, the home's Supervisor (PCHA-in-training) checked and verified that all resident bedrooms have

101j7 - Lighting/Operable Lamp (continued)

an operable light source within reach of their beds.

- On 5/15/25, a check that each resident shall have an operable lamp or other source of lighting that can be turned on at bedside was added to the home's Safety and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25 to ensure compliance with Regulation to ensure compliance with Regulation 2600.101.j.7.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

103f - Refrigerator/Freezer Temps

13. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:19 AM, the thermometer in the basement chest freezer, which was full of food, was inoperable.

Plan of Correction

Accept (█) - 05/29/2025)

On 4/23/25 the home ordered a new thermometer, and all frozen (and refrigerated) food items in the home were discarded since the inspection and storms at the end of April. Food was replaced and stored in the in the upstairs refrigerator and freezer. Food was not placed into the basement chest freezer until a new thermometer was placed inside.

- On 5/9/25 a new thermometer was placed in the basement chest freezer.
- On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist to ensure compliance with Regulation 2600.103.f to ensure all thermometers are working correctly. It will be reviewed by the PCHA and kept in the Audit Zone. Completed monthly temperature logs will be maintained in the audit zone.
- By 5/19/25 the new thermometer will be placed in the basement chest freezer.
- By 5/23/25 the home's staff will be provided with education on how to report a broken or missing thermometer for replacement.

103f - Refrigerator/Freezer Temps (continued)

- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- On 5/9/25 a new thermometer was placed in the basement chest freezer.
- On 5/9/25, the home's supervisor (PCHA-in-training) checked all freezers and refrigerators to ensure there were operable thermometers in all freezers and refrigerators and that the home is maintaining proper food handling temperatures.
- On 5/15/25, a check for operable thermometers and for food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F was added to the home's Safety and Maintenance Checklist, which is completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25.
- Beginning 5/19/25, to ensure compliance with Regulation 2600.103.f., staff assigned by the Supervisor (PCHA-in-training) will check and record the temperatures in the following refrigerators and freezers in the building daily: basement chest freezer, basement refrigerator, kitchen freezer, kitchen refrigerator. These temperatures will be documented on a daily temperature log form which will be posted on the outside of each refrigerator and freezer. The forms include specific instructions for plans of correction and notifying the home's administrator if there are issues with the refrigerators or freezers maintaining the correct temperature or inoperable thermometers. The home's administrator will ensure a proper plan of correction occurs if there are issues and document this on the temperature log forms. These forms will be completed daily ongoing to ensure compliance with Regulation 2600.103.f. Upon completion at the end of each month, the home's administrator will review the forms and these forms will be maintained in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b. 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025

132a - Monthly Fire Drill

14. 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 following months:

- January, 2025

132a - Monthly Fire Drill (continued)

- February, 2025

REPEAT VIOLATION: 8/30/2023

Plan of Correction

Accept ([redacted]) - 05/29/2025)

- On 4/24/25 an unannounced fire drill was held at 1:45 pm using the back entrance.
- On 5/13/25 an unannounced fire drill was held at 5:37 am using the front entrance.
- Beginning 4/23/25 the home's PCHA/PCHA-in-training will ensure all fire drills are scheduled, with alternating exit routes and times, ensuring one drill occurs on the overnight during sleeping hours every six months. This will be tracked by a schedule indicating the specific staff by name who will be conducting the drill including the shift the drill is to occur on and the exit route to be used. All drills will be documented on the Fire Drill Log and maintained in the Audit Zone.
- Beginning 6/1/25, the administrator shall review all fire drill records monthly to ensure compliance with 2600.132a. The fire drill logs will be maintained in the Audit Zone.
- By 5/23/25 all of the home's staff will be provided with an education of Regulation 2600.132.a. regarding an unannounced fire drill shall be held at least once a month. This training will be conducted by the home's Supervisor (PCHA-in-training).
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b. 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([redacted]) - 07/11/2025)

132e - Fire Drill Sleeping Hours

15. Requirements

2600.

132e - Fire Drill Sleeping Hours (continued)

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

Description of Violation

The most recent fire drill held during sleeping hours was conducted on 5/15/24 at 6:07 AM.

REPEAT VIOLATION: 8/30/2023

Plan of Correction

Accept (█) - 05/29/2025)

- On 5/13/25 an unannounced fire drill was held at 5:37 am using the front entrance.
- Beginning 4/23/25 the home's PCHA/PCHA-in-training will ensure all fire drills are scheduled, with alternating exit routes and times, ensuring one drill occurs on the overnight during sleeping hours every six months. This will be tracked by a schedule indicating the specific staff by name who will be conducting the drill including the shift the drill is to occur on and the exit route to be used. All drills will be documented on the Fire Drill Log and maintained in the Audit Zone.
- Beginning 6/1/25, the administrator shall review all fire drill records monthly to ensure compliance with 2600.132e. The fire drill logs will be maintained in the Audit Zone.
- By 5/23/25 all of the home's staff will be provided with an education of Regulation 2600.132.e. regarding an unannounced fire drill shall be held during sleeping hours once every 6 months. This training will be conducted by the home's Supervisor (PCHA-in-training).
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b. 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

132f - Alternate Exit Routes

16. Requirements

2600.

132f - Alternate Exit Routes (*continued*)

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

Description of Violation

The "front door" exit route was used during during the following fire drills:

- 3/26/25 at 9:15 AM
- 11/30/24 at 5:15 PM
- 10/28/24 at 2:30 PM
- 9/30/24 at 2:43 PM
- 8/27/24 at 3:50 PM
- 7/19/24 at 10:48 AM
- 6/28/24 at 3:59 PM
- 5/28/24 at 2:00 PM
- 5/15/24 at 6:07 AM
- 4/3/24 at 1:27 PM

REPEAT VIOLATION: 8/30/2023

Plan of Correction

Accept ([REDACTED]) - 05/29/2025)

- On 4/24/25 an unannounced fire drill was held at 1:45 pm using the back entrance.
- On 5/13/25 an unannounced fire drill was held at 5:37 am using the front entrance.
- Beginning 4/23/25 the home's PCHA/PCHA-in-training will ensure all fire drills are scheduled, with alternating exit routes and times, ensuring one drill occurs on the overnight during sleeping hours every six months. This will be tracked by a schedule indicating the specific staff by name who will be conducting the drill including the shift the drill is to occur on and the exit route to be used. All drills will be documented on the Fire Drill Log and maintained in the Audit Zone.
- Beginning 6/1/25, the administrator shall review all fire drill records monthly to ensure compliance with 2600.132f. The fire drill logs will be maintained in the Audit Zone.
- By 5/23/25 all of the home's staff will be provided with an education of Regulation 2600.132.f. regarding alternate exit routes shall be used during fire drills. This training will be conducted by the home's Supervisor (PCHA-in-training).
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.

132f - Alternate Exit Routes (continued)

- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 07/11/2025)

141b1 - Annual Medical Evaluation**17. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on █ however, resident #4's previous medical evaluation was completed on █

Plan of Correction

Directed (█) - 05/29/2025)

Initially, Resident #4's DME appointment was scheduled for █ However, the Resident's PCP contacted the home and canceled the appointment because they did not have a physician on staff for an extended period. The home attempted to work with Resident #4 to find a new PCP, however █ refused to change providers.

- Beginning 5/13/25, all DME's will be scheduled at least 50 weeks after the date of the last DME to ensure the DME's are completed within 12 months of the last DME.
 - Beginning 5/13/25 in the event that a resident's regular PCP is not available, the home will now schedule an appointment for the resident to be evaluated at an urgent care prior to the expiration of the previous DME, and additional follow-up will be scheduled at the PCP's availability.
 - Beginning 5/13/25 if a resident refuses to complete the DME appointment within departmental time frames they will be issued a 30-day termination notice. Completion of the DME appointment would cancel the 30-day notice.
 - On 5/13/25 a tracker for DME's was developed and is being utilized by the home's PCHA and nurse.
 - This tracker will be maintained in the Nursing binder in the Audit Zone and a copy will be maintained in the PCHA's office, and it will be checked at least monthly by the nurse and the PCHA. (DIRECTED: The monthly review of the tracking system shall begin on 6/1/25. █ 5/29/25).
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
 - 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.

141b1 - Annual Medical Evaluation (continued)

- (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Proposed Overall Completion Date: 05/22/2025

Directed Completion Date: 06/18/2025

Implemented (█) - 07/11/2025)

144c1 - Smoking Area Guidelines

18. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 10:52 AM, 5 white towels were present on the backs of 5 chairs in the home's designated smoking area.

Plan of Correction

Accept (█) - 05/29/2025)

Towels had been left outside due to recent heavy rains which required the seats to be dried off. On 4/23/25 the towels were removed from the outside smoking area.

- On 5/15/25 the homes PCHA/PCHA-in-training implemented a monthly Safety and Maintenance Checklist to ensure compliance with Regulation 2600.144.c. to ensure proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.
- By 5/23/25, the home's PCHA will educate the staff on Regulation 2600.144.c. to ensure staff understand proper safeguards inside and outside of the home to prevent fire hazards involved in smoking.
- The Safety and Maintenance Checklist form will be reviewed monthly by the PCHA and maintained in the Audit Zone.
- On 5/15/25, to ensure compliance with Regulation 2600.144.c., a check for proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms was added to the home's Safety and Maintenance Checklist, which is

144c1 - Smoking Area Guidelines (continued)

completed monthly by assigned on-site staff and will be reviewed by the home's administrator monthly and will be maintained in the Audit Zone. This form is being used effective 5/15/25.

- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- By 5/23/25 all of the home's residents who smoke will be provided with an education of Regulation 2600.144.c. regarding that a home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. (3) Prohibition of the use of tobacco during transportation by the home. This training will be conducted by the home's Supervisor (PCHA-in-training).
- Beginning 4/24/25, a staff assigned by the Supervisor (PCHA-in-training) will monitor the designated smoking area daily for 1 month then weekly thereafter to ensure compliance with Regulation 2600.144c. The findings will be reported to the Supervisor (PCHA-in-training) who will develop steps for additional training to the staff and residents or develop additional safety procedures as needed.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█) - 07/11/2025

184a - Resident's Meds Labeled**19. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (*continued*)**Description of Violation**

Resident #4 is currently prescribed [REDACTED]

However, the pharmacy label for resident #4's [REDACTED] does not include [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/29/2025)

On 4/23/25 the home transported the [REDACTED] to the pharmacy to have the new medication re-labeled to include [REDACTED]. The relabeled [REDACTED] and packaging was returned to the site at time of inspection for review.

- By 5/16/25 the home's RN will complete audits of the home's medication cart and MARs to ensure compliance with Regulation 2600.184(a). Moving forward Medication Cart/MAR audits will be completed by the home's RN monthly.
- By 5/19/25 the home's PCHA will check all Medication Cart/MAR Audit forms to ensure all items are completed.
- The monthly Medication Cart/MAR Audit forms will be maintained in the Nursing binder in the Audit Zone.

The home did not correctly manage the labeling of Resident #4 to include [REDACTED]

- By 5/23/25 all of the home's staff will be provided with an education of the home's medication procedures and on Regulation 2600.184.a. regarding the original container for prescription medications shall be labeled with a pharmacy label that includes the following: The prescribed dosage and instructions for administration. This training will include ensuring all medication labels are present to ensure compliance with this regulation. This training will be conducted by the home's Supervisor (PCHA-in-training).
- Documentation of the staff education will be kept in accordance with regulation 2600.65.i. and the documentation will be maintained with staff training documentation in the Audit Zone.
- On 5/16/25 the home's RN will complete whole-house audits of the home's medication cart and MARs to ensure compliance with Regulation 2600.184(a), auditing all residents' medications and MARs. Moving forward Medication Cart/MAR audits will be completed by the home's RN monthly.
- Beginning 5/19/25 the home's administrator will check all Medication Cart/MAR Audit forms to ensure all items are completed. This will be completed on a monthly basis beginning 6/1/25. The completed forms will be maintained in the Audit Zone.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are

184a - Resident's Meds Labeled (continued)

scheduled through 2026.

- Beginning 6/18/25, the documentation of the quarterly quality management reviews will be maintained in the Audit Zone.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█) - 07/11/2025

221c - Post Activity Calendar

20. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept (█) - 05/29/2025

- On 5/7/25, the home's PCHA and Activities Coordinator created and posted an activity calendar for May 2025. The home will post an updated weekly activity schedule for June 2025 before 5/31/25.
- The home's Activities Coordinator will post an activities calendar weekly. This will be checked by the home's PCHA every month. If the home's Activities Coordinator does not post an activities calendar by the first of each month, the home's PCHA will ensure a calendar is created and posted monthly by the first of each month.
- Copies of the previous 12 months activities calendars will be maintained in the Audit Zone.
- Beginning 5/7/25 the home's Activities Coordinator will post a weekly activities calendar. This will be checked by the home's administrator every week. If the home's Activities Coordinator does not post an activities calendar by Friday of each week for the following week, the home's administrator will ensure a calendar is created for each week and posted by Friday of each week for the following week. Beginning 6/1/25 the home's administrator will complete these weekly checks to ensure compliance with Regulation 2600.221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the quarterly quality management reviews will be maintained in the audit zone.

Licensee's Proposed Overall Completion Date: 05/22/2025

221c - Post Activity Calendar (continued)

Implemented () - 07/11/2025)

225a - Assessment 15 Days

21. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's medical evaluation, dated [REDACTED] however, these diagnoses are not indicated on resident #3's assessment, dated [REDACTED]

Plan of Correction

Directed () - 05/29/2025)

An error was made when the previous administrator completed the RASP for Resident #3 and the diagnosis were not added to the RASP.

- On 5/14/25, Resident #3's assessment was completed and includes the diagnoses of [REDACTED]
- The resident assessment is maintained in Resident #3's chart.
- Beginning 5/13/25, all assessments for new admissions will be completed within 15 days of admission and will ensure all diagnoses are listed on the DME.
- On 5/13/25 a tracker for assessments was developed and is being utilized by the home's PCHA and nurse.
- The assessment tracker will be maintained in the Nursing binder in the Audit Zone and a copy will be maintained in the PCHA's office, and it will be checked at least monthly by the nurse and the PCHA.
- By 5/31/25 the PCHA or designee will audit all resident assessments to ensure they are complete and accurate and reflect all DME diagnosis accurately. In the event any discrepancies are identified they will be corrected and copies of both the previous and current RASPs will be maintained in the chart. The resident assessment will be stored in the resident chart.
- Beginning 5/31/25 reviewed audit forms will be maintained in the home's Audit Zone and reviewed at the Quarterly Quality Management Meetings.
- Beginning 5/13/25 the home will begin to use a tracker to ensure compliance with all resident initial assessments to ensure compliance with Regulation 2600.225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The home's administrator and RN will review all items on all assessments for completion and accuracy before signing the assessment. The administrator or designee will complete the initial assessment within 15 days of admission. The date of the initial assessment will be placed on the tracker and used to establish the target dates for the next assessment due date to ensure that there is awareness of these deadlines and that the annual assessment is completed in the appropriate timeframe. This tracker will be updated with each new admission, with significant change/departmental request, or annual updates to ensure on-going compliance. The tracker will be checked at least monthly and as needed by the home's administrator and RN. The assessment tracker will be maintained in the Nursing binder in the Audit Zone and a copy will be maintained in the administrator's office. The tracker will be reviewed at all Quality Management Meetings to ensure

225a - Assessment 15 Days (continued)

accuracy and compliance with Regulation 2600.225.a.

- The home's administrator will track the date of the resident's admission and the date the initial assessment is due (within 15 days of admission) on the tracker form.

(DIRECTED: Beginning on 6/2/25: The administrator/designee shall review at least 5 newly-completed assessments per month to ensure accuracy and completeness in accordance with 2600.225a. [REDACTED] 5/29/25).

- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the quarterly quality management reviews will be maintained in the audit zone.

Proposed Overall Completion Date: 05/22/2025

Directed Completion Date: 06/18/2025

Implemented ([REDACTED] - 07/11/2025)

225c - Additional Assessment

22. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED] however, resident #4's previous assessment was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 05/29/2025)

Beginning 5/13/25, all additional annual assessments for new admissions will be completed within 15 days of admission and will ensure compliance with Regulation 2600.225.c

225c - Additional Assessment (continued)

- On 5/13/25 a tracker for annual assessments was developed and is being utilized by the home's PCHA and nurse.
- The assessment tracker will be maintained in the Nursing binder in the Audit Zone and a copy will be maintained in the PCHA's office, and it will be checked at least monthly by the nurse and the PCHA.
- By 5/31/25 The resident assessment will be stored in the resident chart.
- Beginning 5/31/25 reviewed audit forms will be maintained in the home's Audit Zone and reviewed at the Quarterly Quality Management Meetings.

- Beginning 5/13/25, all annual assessments will be completed at least 365 days after the date of the last annual assessment to ensure the annual assessments are completed in compliance with Regulation 2600.225.c.
-
- On 5/13/25 a tracker for annual assessments was developed and is being utilized by the home's administrator and nurse. The tracker will ensure compliance with regulation 2600.225.c. The resident shall have additional assessments as follows: Annually.
-
- Beginning 6/1/25, the tracker will be reviewed monthly by the home's administrator. The administrator or designee will complete the annual assessment on each resident. The home's administrator will review all items on all assessments for completion and accuracy before signing the assessment. The home's administrator will track the date of the resident's admission and the date the annual assessment is due (at least 365 days after the date of the last annual assessment) on the tracker form. The tracker will be checked at least monthly and as needed by the home's administrator and RN. The assessment tracker will be maintained in the Nursing binder in the Audit Zone and a copy will be maintained in the administrator's office. The tracker will be reviewed at all Quality Management Meetings to ensure accuracy and compliance with Regulation 2600.225.c.
- The quarterly quality management reviews will include a review of all items specified in regulation 2600.26 b.
- 2600.26. Quality management.
 - (b) The quality management plan shall address the periodic review and evaluation of the following:
 - (1) The reportable incident and condition reporting procedures. Ch. 2600 PERSONAL CARE HOMES 55 § 2600.25a 2600-17 (342949) No. 416 Jul. 09
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.
- The next quarterly quality management meeting is scheduled for 6/18/25. Subsequent meetings are scheduled through 2026.
- Beginning 6/18/25, the quarterly quality management reviews will be maintained in the audit zone.

Proposed Overall Completion Date: 05/22/2025

Licensee's Proposed Overall Completion Date: 05/22/2025

225c - Additional Assessment (*continued*)

Implemented (█ - 07/11/2025)