

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396085	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/02/2025
NAME OF PROVIDER OR SUPPLIER: MON VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 200 STOOPS DRIVE MONONGAHELA, PA 15063		
STATE LICENSE NUMBER: 11790201				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 11790201 Component 01 Main Building</p> <p>Based on an Abbreviated survey, as part of a complaint investigation, completed on July 2, 2025, it was determined that Mon Valley Care Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy.</p> <p>This is a five story, Type II (222), fire resistive building, without a basement, that is fully sprinklered.</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K 0324 SS=E	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>Preparation and or evaluation of the following plan of correction set forth in this document does not constitute admission and or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.</p> <p>The semi- annual hood cleaning will be scheduled by the Maintenance Director with completion expectation from hood cleaning vendor by 8-8-25.</p>	<p>Completion Date: 08/08/2025</p> <p>Status: APPROVED</p> <p>Date: 07/17/2025</p>

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K 0324 SS=E	Continued from page 2 Based on documentation review, observation, and interview, it was determined the facility failed to perform one of the two semi-annual hood cleanings, affecting one of nine smoke compartments. Findings include: 1. Document review and observation on July 2, 2025, at 9:45 a.m., revealed one of the two required semi-annual kitchen exhaust/hood cleanings was not completed. Documentation revealed the last hood cleaning was conducted on December 22, 2024. Interview with the Facility Administrator and Maintenance Director on July 2, 2025 at 10:30 a.m., confirmed the facility lacked documentation for the required semi-annual hood cleaning.	K 0324		

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K 0353 SS=F	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	The quarterly sprinkler inspection will be scheduled by the Maintenance Director with completion expectation sprinkler inspection vendor by 8-8-25.	<p>Completion Date: 08/08/2025</p> <p>Status: APPROVED</p> <p>Date: 07/17/2025</p>

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K 0353 SS=F	Continued from page 4 Based on documentation review and interview, it was determined the facility failed to maintain the automatic sprinkler system in two instances, affecting the entire facility. Findings include: 1. Review of documentation on July 2, 2025, at 9:15 a.m., revealed the facility lacked documentation verifying that any sprinkler inspections were performed in the last two quarters of the previous twelve months. The last sprinkler system inspection was performed on October 15, 2024. Interview with the Facility Maintenance Director on July 2, 2025, at 10:30 a.m., confirmed the facility lacked documentation for the missing sprinkler system inspections.	K 0353		



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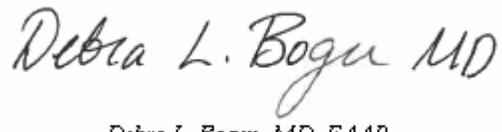
MON VALLEY CARE CENTER

STATE LICENSE NUMBER: 11790201

SURVEY EXIT DATE: 07/02/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY