



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MT. ASSISI PLACE LLC**

LEGAL ENTITY

To operate **MT. ASSISI PLACE**

NAME OF FACILITY OR AGENCY

Located at **934 FOREST AVENUE, BELLEVUE, PA 15202**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **81**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 8, 2022** until **February 8, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450200**

Janette Biderup
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21



Emailing Date: February 8, 2022

[REDACTED]
MT. ASSISI PLACE LLC
[REDACTED]

RE: Mt. Assisi Place
934 Forest Avenue
Bellevue, PA 15202
License #: 450200

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 27, 2021, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued.

Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *MT. ASSISI PLACE* License #: *45020* License Expiration: *12/16/2021*
Address: *934 FOREST AVENUE, BELLEVUE, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4127611999* Email: [REDACTED]

Legal Entity

Name: *MT. ASSISI PLACE LLC*
Address: [REDACTED]
Phone: *4127611999* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *10/09/1981* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional* Exit Conference Date: *12/27/2021*

Inspection Dates and Department Representative

12/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *42*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

12/27/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2022*

Inspections / Reviews (*continued*)

01/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2022*

01/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/04/2022*

02/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: Follow-Up Date:

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED] 21, is not signed by the resident, or the home's administrator or designee.

Resident #2's resident-home contract, dated [REDACTED] /21, is not signed by the home's administrator or designee.

Plan of Correction

Do Not Accept

Resident #1's resident-home contract was signed by the resident and the home's administrator. Resident #2's resident-home contract was signed by the administrator.

All current resident -home contracts have been reviewed and audited for complete signatures.

A new admission checklist has been developed to ensure that all resident-home contracts are complete.

After a resident has been admitted and the paperwork is completed by the administrator, the director of resident care (or designee) will use the new admission checklist to verify that all contracts have the required signatures.

Plan of Correction

Accept

Resident #1's resident-home contract has been signed by the resident and the home's administrator. Resident #2's resident-home contract has been signed by the administrator. (contract signature pages are attached)

All current resident-home contracts have been audited to ensure that all signatures are complete.

New admission resident-home contracts will be completed by the administrator and audited by the director of resident care (or designee) to verify the required signatures using a newly developed checklist. (checklist attached)

Director of resident care will be educated on the process when she returns the first week of Feb.

Document Submission

Implemented

See attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 8/24/21, does not include the resident's blood pressure or temperature. These sections of the form are blank.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction**Do Not Accept**

Resident #1's will have a new medical evaluation completed to include the resident's blood pressure and temperature.

All current medical evaluations will be reviewed to ensure that they are complete.

All new medical evaluations will be reviewed by the director of resident care to ensure that all information is complete.

Medical evaluation complete is will be added to the checklist.

Plan of Correction**Accept**

Resident #1 will have a new medical evaluation completed on January 25th.

All current medical evaluations will be audited to ensure that they are complete. (Feb. 4)

New admission medical evaluations will be reviewed by the director of resident care to ensure that the information is complete. DME has been added to the checklist. (checklist attached)

The director of resident care will be educated on the new process when she returns the first week of Feb.

Document Submission**Implemented**

See attached

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #3's most recent assessment, dated 11/22/21, does not include the resident's prescribed diet of mechanical soft foods as indicated on the resident's most recent medical evaluation, dated 11/16/21.

Plan of Correction**Do Not Accept**

Resident #3's will have a new assessment to include the resident's diet orders.

All current assessments will be reviewed to ensure that all required information is complete.

All completed new assessments will be reviewed by the administrator or the director of resident care to ensure that the all the required information is complete.

Plan of Correction**Accept**

New assessment for Resident #3 was completed on January 19th. (attached)

Current assessments will be audited to ensure that all required information is complete. (Feb. 4)

Assessments will be updated using the daily work sheets. The staff use these sheets to update oncoming staff members of any changes regarding resident care. The director of resident care will review the daily work sheets for any changes to update the assessments.

The director of resident care will be educated on the process when she returns the first week of Feb. (daily work sheets attached)

Document Submission**Implemented**

See attached