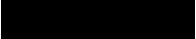


Department of Human Services  
Bureau of Human Service Licensing

January 20, 2022

 ADMINISTRATOR

RE: MT. ASSISI PLACE  
934 FOREST AVENUE  
BELLEVUE, PA, 15202  
LICENSE/COC#: 45020

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/27/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  


Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**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: [REDACTED] Email: [REDACTED]

**Legal Entity**

[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: *Lauren Spagna* Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2022*

**Inspection Dates and Department Representative (*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*

## 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], is not signed by the resident, or the home's administrator or designee.

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

## 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.

Completion Date: 02/04/2022

## 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 [REDACTED], does not include the resident's blood pressure or temperature. These sections of the form are blank.

## 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 [REDACTED] returns the first week of Feb.

Completion Date: 02/04/2022

## 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 [REDACTED] does not include the resident's prescribed diet of mechanical soft foods as indicated on the resident's most recent medical evaluation, dated [REDACTED].*

**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 [REDACTED] returns the first week of Feb. (daily work sheets attached)*

**Completion Date:** 02/04/2022