

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

January 24, 2023

[REDACTED], ADMINISTRATOR  
MT. ASSISI PLACE LLC  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2022, 12/08/2022, 12/09/2022 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: MT. ASSISI PLACE License #: 45020 License Expiration: 02/08/2024  
 Address: 934 FOREST AVENUE, BELLEVUE, PA 15202  
 County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: MT. ASSISI PLACE LLC  
 Address: [REDACTED]  
 Phone: 4127611999 Email: dott@mtassisiplace.com

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/19/2000 Issued By: Labor and Industry  
 Type: Other Date: 10/09/1981 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 12/09/2022

**Inspection Dates and Representative**

12/07/2022 - On-Site [REDACTED]  
 12/08/2022 - On-Site [REDACTED]  
 12/09/2022 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 81 Residents Served: 48

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

Hospice  
 Current Residents: 4

Number of Residents Who:  
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 48  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 17 Have Physical Disability: 1

**Inspections / Reviews**

12/07/2022 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/30/2022

Inspections / Reviews (*continued*)

## 12/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/04/2023

## 01/04/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2023

## 01/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. 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

The certificates for multiple boilers within the home expired on 11/2/22.

Plan of Correction

Accept ( [redacted] ) - 01/04/2023)

Boilers were inspected on December 13, 2022. Boilers passed inspection.

Certificates were signed and new certificates were issued and will be sent by mail in a few weeks.

Next inspection date is 2024. The insurance company is responsible for scheduling inspections.

Administrator notified the insurance company of the citation and asked that the next inspection be scheduled timely.

Notation was added to the administrator's calendar for September 2, 2024 as a reminder to call the insurance company for the inspection.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented ( [redacted] ) - 01/24/2023)

42p Restraints

2. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

Bilateral half-length bedrails were present at the top of the beds of residents #1, #2, and #3; however, residents #1, #2 and #3 were unable to demonstrate the ability to independently use the devices.

Plan of Correction

Accept ( [redacted] ) - 01/04/2023)

The side rails for resident 1,2 and 3 were discontinued by order of the physician and removed on 12-8-2022.

A "No Bed Rail policy was added to the policies for the facility dated 12-9-2022 by the administrator. All residents and family members received the new policy.

Staff were educated by the administrator about the new policy. The no bedrail policy was posted for the employees in the timeclock room and in both nurses stations on 12-9-22.

Resident #1 had a covered bed cane added to her bed frame at the request of the family on 12-12-22

Licensee's Proposed Overall Completion Date: 01/20/2023

Implemented ( [redacted] ) - 01/24/2023)

51 Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 Criminal Background Check (continued)

Description of Violation

A Pennsylvania criminal background check was not completed for direct care staff person A, who was hired on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 01/04/2023)

The criminal background check was received for employee A on [REDACTED]. (DIRECTED: A copy of staff person A's completed Pennsylvania criminal background check shall be kept in staff person A's record. [REDACTED] 1/4/23). All other employees have a criminal background check in their personnel file. The employee files were reviewed for criminal background checks on [REDACTED] while looking for employee A's criminal background check. The staff positions responsible for new hire orientation have been vacant for 6 plus months. When a scheduler or resident care director is hired for the facility, the administrator will educate them on the regulation for a background check. Until then the administrator is responsible for criminal background checks. The administrator will follow the new hire checklist during the hiring process. (DIRECTED: Within 10 calendar days of receipt of the plan of correction: The administrator shall implement the new hire checklist to ensure a Pennsylvania criminal background check is obtained in accordance with the Older Adult Protective Services Act for all newly hired staff persons. Copies of the completed new hire checklists shall be kept in each staff person's record. Copies of the completed Pennsylvania criminal background checks shall be kept in each staff person's record. [REDACTED] 1/4/23

Directed Completion Date: 01/14/2023

Implemented ([REDACTED] - 01/24/2023)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Description of Violation

Direct care staff person C's first day of work was [REDACTED]; however, the date staff person C received orientation on the training topics specified in 2600.65a is blank on the orientation log, so it is unable to be determined if staff person C received the orientation prior to or during the first work day.

Plan of Correction

Directed ([REDACTED] - 01/04/2023)

Orientation training is three pages long. The direct care employee (C) completed the orientation training on [REDACTED] hired date of [REDACTED]. The date and signatures were on the first page and also on the third page. The second page had the signatures but the date had been omitted. The administrator verified with the direct care employee as well as the scheduler doing the training at that time

**65a - FS Orientation 1st Day (continued)**

that the entire training was completed on [REDACTED]. The employee did receive her training timely. When a scheduler or a director of resident care is hired to provide orientation training, they will be educated on the importance of dating every page. Until that time the administrator will provide the orientation training and will be sure to date all pages. 2022 Staff records will be reviewed by the administrator by 1-20-23 (DIRECTED: By 1/20/23: All current staff person records shall be reviewed to ensure all staff persons have received orientation on all topics specified in 2600.65a. [REDACTED] 1/4/23).

DIRECTED: Within 10 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive orientation on all topics specified in 2600.65a prior to or during the first work day. The checklist shall include a review of the home's current orientation training document to ensure the date the orientation was received is present on the orientation training document. Copies of the completed new hire checklists shall be kept in each staff person's record. [REDACTED] 1/4/23

**Directed Completion Date:** 01/20/2023

**Implemented** [REDACTED] - 01/24/2023)

**65b - Rights/Abuse 40 Hours****5. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Ancillary staff person B's first day of work was [REDACTED]; however, the date staff person B received orientation on the following training topics is blank on the orientation log, so it is unable to be determined if staff person B received orientation within 40 scheduled working hours:

- Emergency medical plan
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- Reporting of reportable incidents and conditions

Direct care staff person C's first day of work was [REDACTED]; however, the date staff person C received orientation on the training topics specified in 2600.65b is blank on the orientation log, so it is unable to be determined if staff person C received orientation within 40 scheduled working hours.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Directed [redacted] - 01/04/2023)

Staff person B is a part time receptionist. [redacted] orientation was provided on [redacted] first day of employment. [redacted] received all the required orientation other than the emergency medical plan, mandatory abuse reporting and reportable incidents.

Those 3 trainings were provided to the employee on 12-8-22 by the administrator. (DIRECTED: A copy of staff person B's completed orientation log shall be kept in staff person B's record. [redacted] 1/4/23).

All new hired ancillary staff will receive all the required trainings on their first day of employment.

Until open staff positions that will provide orientation education, the administrator will provide orientation training to any new ancillary staff.

2022 Ancillary staff records will be reviewed by by the administrator by 1-20-23

DIRECTED: Within 48 hours of receipt of the plan of correction: Staff person C's orientation record shall be updated with the dates staff person C received orientation on the topics specified in 2600.65b. [redacted] 1/4/23

DIRECTED: Within 10 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive orientation on all topics specified in 2600.65b within 40 scheduled working hours. The checklist shall include a review of the home's current orientation training document to ensure the date the orientation was received is present on the orientation training document. Copies of the completed new hire checklists shall be kept in each staff person's record. [redacted] 1/4/23

Directed Completion Date: 01/20/2023

Implemented [redacted] - 01/24/2023)

101j7 - Lighting/Operable Lamp

6. 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

On [redacted] at [redacted], resident #1's bedside lamp was approximately 5' from the resident's bed and could not be turned on/off from bedside.

Plan of Correction

Directed [redacted] - 01/04/2023)

Resident 1 and [redacted] family chose to have [redacted] lamp were it was in [redacted] room, but did allowed the staff to move [redacted] bedside lamp closer to [redacted] bed on 12-8-22.

Bedside lamps are audited by the housekeeping department monthly. They will continue to do so.

Housekeeping staff will be educated on the regulation that a lamp or source of lighting must be close enough to the bed that it can be turned on at bedside.

Education will be provided by the administrator by 1-20-23 (DIRECTED: The education scheduled for 1/20/23 shall be provided to all current staff persons. Documentation of the education shall be kept. [redacted] 1/4/23

Directed Completion Date: 01/20/2023

101j7 - Lighting/Operable Lamp (continued)

Implemented (LM - 01/24/2023)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Bilateral half-length bedrails were present at the top of resident #1's bed; however, resident #1's support plan, dated [REDACTED] does not address the need for the bedrails or a plan to protect the resident from the potential dangers of the bedrails.

Plan of Correction

Directed ([REDACTED] - 01/04/2023)

Resident #1's bedrails were discontinued and removed on 12-8-22.

Bedrails are no longer permitted in this facility.

Nursing staff who are currently completing the RASPs will be educated by the administrator to include all pertinent medical/dental information by 1-20-23. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 1/4/23).

New RASPs will be audited by the administrator for two months. RASPs will be updated as care needs change by using the nursing communication binder. (DIRECTED: The administrator monthly audits shall begin on 1/15/23.

[REDACTED] 1/4/23).

Directed Completion Date: 01/20/2023

Implemented [REDACTED] 01/24/2023)