

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

March 10, 2025

[REDACTED]  
MOUNTAIN VIEW SENIOR LIVING LLC  
[REDACTED]

RE: MOUNTAIN VIEW SENIOR LIVING  
132 NATURE PARK ROAD  
GREENSBURG, PA, 15601  
LICENSE/COC#: 45089

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2024, 11/15/2024 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: MOUNTAIN VIEW SENIOR LIVING License #: 45089 License Expiration: 04/02/2025  
 Address: 132 NATURE PARK ROAD, GREENSBURG, PA 15601  
 County: WESTMORELAND Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MOUNTAIN VIEW SENIOR LIVING LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 01/01/2003 Issued By: Hempfield Twp  
 Type: I-1 Date: 02/09/2007 Issued By: Dept L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 90 Waking Staff: 68

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident, Monitoring Exit Conference Date: 12/03/2024

**Inspection Dates and Department Representative**

11/14/2024 - On-Site: [REDACTED]  
 11/15/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 130 Residents Served: 69  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 8  
 Number of Residents Who:  
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 69  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 21 Have Physical Disability: 0

**Inspections / Reviews**

11/14/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/21/2024

Inspections / Reviews *(continued)*

12/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2025

03/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], there were 66 residents in the home residing on the first, second, and third floor. Of these, 21 residents are assessed as a resident with mobility needs, 7 residents require a two-person assist, 5 of which use a Hoyer lift and 2 residents require use of a sit-to-stand device. On this date, there were only 4 direct care staff persons working in the home to assist resident to evacuate, in the event of an emergency, from 10:00 p.m. to 6:00 a.m. Residents on the first floor need monitoring outside, leaving 3 staff to evacuate the second and third floor. Interviews indicate it takes two staff, a minimum of 10 minutes per resident to transfer a resident using a Hoyer lift.

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On [REDACTED], there were 66 residents in the home residing on the first, second, and third floor. Of these, 21 residents are assessed as a resident with mobility needs, 7 residents require a two-person assist, 5 of which use a Hoyer lift and 2 residents require use of a sit-to-stand device. On this date, there were only 4 direct care staff persons working in the home to assist resident to evacuate, in the event of an emergency, from 10:00 p.m. to 6:00 a.m. Residents on the first floor need monitoring outside, leaving 3 staff to evacuate the second and third floor. Interviews indicate it takes two staff, a minimum of 10 minutes per resident to transfer a resident using a Hoyer lift.

REPEAT VIOLATION: 12/7/23 et al

Plan of Correction

Accept [REDACTED] - 12/23/2024)

Description of repair for immediate problem: The administrator posted an add on indeed to hire another night-shift care staff person. When staff was interviewed by DHS the question was presented how long does it take you to complete care on a resident that requires a Hoyer. (The question was not presented when due to an evacuation) This makes a difference in the answers of staff. (See attached Indeed [REDACTED])

Action Plan: The administrator Will have 4 staff scheduled for 10:00PM-6:30 am by 1/20/25.

Ongoing Compliance: The administrator or designee will do monthly checks starting 1/20/25 x 3 months to ensure compliance with regulation 2600.60 a. ( See attached Monthly Checks )

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented [REDACTED] - 03/10/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82c - Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] at approximately 10:20 a.m., [redacted] repair and [redacted] prescribed to resident [redacted] was unlocked and accessible on top of the bedside table in this resident's bedroom. Not all residents of the home, including resident [redacted] were capable of recognizing and using poisons safely.

On [redacted], at approximately 10:25 a.m., [redacted] with [redacted] prescribed to resident [redacted], was unlocked and accessible on top of the bedside table in this resident's bedroom. Not all residents of the home, including resident [redacted] were capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 12/23/2024)

Description of the Repair for immediate Problem: The PCA staff immediately removed the [redacted] repair and [redacted] from resident [redacted] room and removed the Anti-fungal powder from resident [redacted] room. Action Plan: Direct Care Staff Education Scheduled on 1/7/25 in regards to Regulation 2600.82 C. If staff is not available for training they will have until 1/31/25 to make up. This administrator added locked Treatment carts to each floor for staff to place creams and powders along with treatment materials. ( see attached picture of treatment carts added)

Ongoing Compliance: The Home added a new position Compliance Coordinator to help with with regulation compliance . The Administrator or designee will do weekly room checks for a period of 4 weeks starting on 1/20/25. ( see attached check list)

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [redacted] - 03/10/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], at approximately 10:20 a.m., resident [redacted] prescribed [redacted] repair and prescribed [redacted] [redacted] was unlocked and accessible on top of the bedside table in this resident's bedroom. This resident is assessed as being unable to safely self-administer medications.

REPEAT VIOLATION: [redacted] et al

On [redacted], at approximately 10:25 a.m., resident [redacted] prescribed [redacted] with [redacted] was unlocked and accessible on top of the bedside table in this resident's bedroom. This resident is assessed as being unable to safely self-administer medications.

183b Meds and Syringes Locked (continued)

Plan of Correction

Accept [redacted] - 12/23/2024)

Description of the Repair for immediate Problem: The PCA staff immediately removed the [redacted] repair and [redacted] cream from resident [redacted] room and removed the [redacted] from resident [redacted] room on [redacted].

Action Plan: Direct Care Staff Education Scheduled on 1/7/25 in regards to Regulation 2600.82 C. If staff is unavailable for staff education they will have until 1/31/25 to make up education. This administrator added Treatment carts to each floor for staff place creams and powders along with treatment materials in one place a locked cart.

Ongoing Compliance: The Home added a new position Compliance Coordinator to help with compliance with regulations. The Administrator or designee will do weekly room checks for a period of 4 weeks starting on 1/20/25.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [redacted] - 03/10/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] two blister pack cards containing [redacted], take 1 tablet twice a day as needed, prescribed to resident [redacted] was available in the medication cart; however, this medication was discontinued [redacted]

Plan of Correction

Accept [redacted] - 12/23/2024)

Description of the Repair for immediate Problem: The Staff LPN removed resident [redacted] two blister pack cards containing [redacted] immediately from the cart that was discontinued on 11/15/24.

Action Plan: The PCHA will do Staff Education for Licensed Staff and Med tech's on 1/7/25 in regards to Regulation 2600.183e. If staff is unavailable to attend meeting they will have until 1/31/25 to make up education.

Ongoing Compliance: The PCHA or designee will check all discontinued orders daily starting on 1/20/25 for a period of 1 month to ensure medications are being pulled when discontinued.

The PCHA or designee will do a Cart audits on all carts starting on 1/2/25 and to be completed by 2/20/25 ( see attached tracking cart audits)

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 03/10/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted], take by mouth 1 tablets once daily. Additionally, this resident is ordered

187b Date/Time of Medication Admin. (continued)

blood pressure and pulse, check blood pressure and pulse 1 hour after Propranolol administration. Resident [redacted] was administered on the following dates; however, the pulse was not recorded on the medication administration record: [redacted]

Plan of Correction

Accept [redacted] - 12/23/2024)

Description of the repair of immediate Problem: The PCHA did verbal education on 11/15/24 with the Med tech's on the floor about review of charting to ensure all vitals are charted as per ordered.

Action Plan: The PCHA scheduled Licensed Staff and Med Tech education on 1/07/25 to review regulation 2600.187b. Staff that is not available for education will have until 1/31/25 to make up the education.

Ongoing Compliance: The PCHA or designee will review residents who have vitals on their MAR by 1/01/24. The PCHA or designee will review each resident who have vitals on their Mar X 1 month Starting on 1/2/25 to ensure all vitals are being documented.

Licensee's Proposed Overall Completion Date: 02/02/2025

Implemented [redacted] - 03/10/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], take by mouth 1 tablet twice daily hold for SBP greater than 120 mmhg. On [redacted] at 8:00 a.m., the residents blood pressure measured [redacted]; however, the medication was withheld and not administered.

Resident [redacted] is prescribed [redacted], take by mouth 1 tablet twice daily hold for SBP greater than 120 mmhg. On the following dates and times, this residents blood pressure reading exceeded 120 mmhg; however, this medication was not withheld and was administered, on the following dates and times:

Date & Time	Blood Pressure Reading
[redacted] 8:00 a.m.	[redacted]
[redacted] 8:00 p.m.	[redacted]
[redacted] 8:00 a.m.	[redacted]
[redacted] 8:00 p.m.	[redacted]

Resident [redacted] is ordered [redacted] capsule, on [redacted], take 1 tablet by mouth 2 times a day for 10 days; however, the medication was stopped on [redacted], 8 days after starting the order. Additionally, a discontinued order was not received until [redacted].

Resident [redacted] is ordered Blood Pressure and Pulse checks, 1 hour after [redacted] administration; however, this order was not followed on multiple dates and times:

Date Time Propranolol administered	Time Blood Pressure and Pulse checked
[redacted]	[redacted]

187d - Follow Prescriber's Orders (continued)



█ of Correction

Accept █ - 12/23/2024)

Description for immediate repair: The PCHA did verbal education with the Med-tech that was working on 11/15/24.

Action Plan: The PCHA scheduled Licensed Staff and Med-Tech education on 1/07/25 to review regulation 2600.187d.. Staff that is not available for education will have until 1/31/25 to make up the education. The Medication for Resident █ has since been discontinued.

Ongoing Compliance: The PCHA or designee will review residents who have vitals on their MAR by 1/01/24. The PCHA or designee will review each resident who have vitals or medications with special instructions on their Mar X 1 month Starting on 1/2/25 to ensure all vitals are being documented.

Licensee's Proposed Overall Completion Date: 02/02/2025

Implemented █ - 03/10/2025)