



Pennsylvania Department of Human Services

Emailing Date: May 12, 2025

[REDACTED]
Mountain View Memory Care LLC
[REDACTED]

RE: Mountain View Memory Care
711 Route 119
Greensburg, PA 15601
License #: 453770

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 14, 2025, and March 11, 2025, and the corrections you have made after our inspection, 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 "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *MOUNTAIN VIEW MEMORY CARE* License #: *45377* License Expiration: *05/08/2025*
Address: *711 ROUTE 119, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *MOUNTAIN VIEW MEMORY CARE LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/13/2006* Issued By: *Hempfield TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional* Exit Conference Date: *03/11/2025*

Inspection Dates and Department Representative

02/14/2025 - On-Site: [REDACTED]
03/11/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *80* Residents Served: *50*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

02/14/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2025*

03/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/30/2025

05/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

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 Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. However, at 10:37 a.m., there was a gas operated furnace in the mechanical room located on the far-right of the great room. However, there was no carbon monoxide detector located in the mechanical room or immediately outside of the room's point of egress.

The Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. However, at 10:37 a.m., there was a gas operated furnace in the mechanical room located on the far-left side of the great room. However, there was no carbon monoxide detector located in the furnace / electric room or immediately outside of the room's point of egress.

The Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. However, at 11:08 a.m., there was a gas operated furnace located in the #3 mechanical room located in the great room. However, there was no carbon monoxide detector inside the mechanical room or directly outside the mechanical room's point of egress.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediately Action: On 02/14/25 The maintenance personal moved the (2) carbon monoxide detectors as per the DHS surveyor to be 15 feet or the next side of the door outside of the furnace /Electric room on both ends of the hall way. This was completed same day of survey, for compliance with The Care Facility Carbon Monoxide Alarms Standards Act. (The DHS surveyor took pictures of correction).

Action Plan: The PCHA did Education with the Maintenance Personal on 3/13/25 about The Care Facility Carbon Monoxide Alarms Standards Act of June 23,2016.

On Going Compliance: The maintenance person or designee will check the carbon monoxide detectors to ensure they are within code for The Care Facility Carbon Monoxide Alarms Standards Act. Monthly checks x 2 months starting 4/1/25. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [redacted] - 05/08/2025)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials (continued)

Description of Violation

At 10:31 a.m., there was a plastic lemon cleaner spray bottle approximately 1/2 full of blue liquid and Windex written in black magic marker located in the laundry room.

At 10:31 a.m., there was a empty clear plastic spray bottle with the label of bathroom cleaner written on it in black magic marker located in the home's laundry room.

At 11:22 a.m., there was a plastic spray bottle approximately 1/5 full of purple liquid in an unidentified clear plastic spray bottle located in the home's main kitchen on a shelving unit immediately next to the dining area.

Plan of Correction

Accept (redacted) - 03/24/2025)

Immediate Action: The maintenance personal on 02/14/25 discarded the plastic lemon cleaner spray bottle with the blue liquid in it. The maintenance personal also discarded the clear plastic spray bottle with the bathroom cleaner written on it. The maintenance personal also discarded the plastic spray bottle with the purple liquid in it, while in the presence of the DHS surveyor.

Action Plan: The PCHA did staff education on 03/13/25 in regards to proper labeling of spray bottles. They were showed how to order labels for spray bottles with correct chemical compounds/ MSDS Labels for compliance with 2600.82. If staff was not present for the education, they will have until 03/30/25 to complete.

Ongoing Compliance: The maintenance personal or designee will do building checks weekly starting 4/1/25 x 4 weeks. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (redacted) - 05/08/2025)

85a - Sanitary Conditions

3. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:12 a.m., there was feces on the toilet seat and feces on the role of toilet paper next to the toilet in the common bathroom located at the beginning of the 100 resident hall.

Plan of Correction

Accept (redacted) - 03/24/2025)

Immediate Action: On 02/14/25 the maintenance personal had housekeeping immediately clean the bathroom located at the beginning of 100 hall.

Action Plan: The PCHA did staff education to do more frequent checks on the memory care hall way bathrooms. Staff education was done on 03/13/25, if staff was not present they will have until 03/30/25 to complete.

Ongoing Compliance: The maintenance personal or designee will do bathroom checks weekly starting 4/1/25 x 4 weeks Documentation shall be kept

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (redacted) - 05/08/2025)

85d - Trash Receptacles

4. Requirements

2600.

85d - Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 11:19 a.m., there was an uncovered, unattended 40-gallon gray plastic garbage can 1/2 full of refuse located in in the home's kitchen approximately 6 feet from the food preparation area.

Plan of Correction

Accept ([redacted]) - 03/24/2025)

Immediate Action: On 02/14/25 the kitchen staff immediately put the lid on the trash receptacle in the kitchen.

Action Plan: Per the DHS surveyor the trash receptacle was moved out of the food prep area. The PCHA completed staff education on 03/13/25 in regards to having trash cans covered at all times when not in use in kitchens and bathrooms. If staff was not available for the education the will have until 03/30/25 to complete.

Action Plan: The maintenance personal or designee will check the Kitchen trash can to ensure it is not placed near the food prep area and has a lid on when not in use. Checks will start weekly on 04/01/25 x 4 weeks

(Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented ([redacted]) - 05/08/2025)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 10:37 a.m., the door sweep on the exterior side of the exit door granting egress to the mechanical room located on the far right of the great room was partially detached.

Plan of Correction

Accept ([redacted]) - 03/24/2025)

Immediate Action: On 02/14/25 the maintenance personal fixed the one lose screw on the door sweep. The DHS surveyor was given pictures of the repair.

Action Plan: The PCHA did education on 03/13/25 with the maintenance personal about regulation 2600.88 to ensure all building items are clean and in good repair.

On going Compliance: The maintenance personal will check all door sweeps in the building starting weekly on 04/01/25 x 4 weeks to ensure they are in good repair. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented ([redacted]) - 05/08/2025)

92 - Windows

6. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:26 a.m., there was no window screen in the furthest left window located in the coffee café room.

92 - Windows (continued)

At 11:17 a.m., there was no window screen in the furthest left window located in the TV room at the end of the 100 hallway.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 the maintenance personal put the window screens in the coffee cafe room and the TV room at the end of the 100 hallway. DHS surveyor was given pictures of repair.

Action Plan: The PCHA did education with the maintenance personal on 03/13/25 in regards to regulation 2600.92.

On going Compliance: The maintenance personal or designee will check all the screens in the windows at Mountain View Memory care to ensure they are in good repair weekly starting on 04/01/25 x 4 weeks. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [redacted] - 05/08/2025)

126a - Furnace Inspection

7. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

At 10:56 a.m., the gas furnace located in the main mechanical room located in the home's great room was not inspected by a qualified technician within the past Calander year.

At 11:08 a.m., the gas operated furnace in mechanical room #3 located in the home's great room was not inspected by a qualified technician within the past Calander year.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: The PCHA did education on 02/14/25 with the maintenance personal on annual inspections and importance of keeping in compliance of regulation 260.126

Action Plan: The PCHA did additional education with the maintenance personal on 03/13/25 about inspections and due dates of the homes mechanical items including the furnaces.

On going compliance: The furnaces were inspected on 02/20/21. The PCHA created a binder for the maintenance personal with a calendar to remind personal of annual inspections for mechanical and other items that need inspections for regulatory purposes. (Documentation shall be Kept)

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [redacted] - 05/08/2025)

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

AT 10:56 a.m., the fire extinguisher in the home's main mechanical room had not been inspected by a fire safety expert since 4/2023.

131f - Fire Extinguisher Inspection (continued)

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 the maintenance personal called to have the fire extinguisher checked by CertaSite.

Action Plan: The PCHA did education with the maintenance personal on 03/13/25 about ensuring that when companies are out to inspect items in the building they inspect all items. In this case, the fire extinguisher was missed.

On Going Compliance: The maintenance personal did check on all the fire extinguishers in the home, they all were inspected for the year 2025. CertaSite inspected the fire extinguisher in question on 02/17/25. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [redacted] /08/2025)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4, was prescribed to have crushed meds, crushed any meds that are able to be crushed and administer in putting / applesauce. However, the administration instructions to crush were not present on multiple medication labels to include, Melatonin 5MG tablet take one tablet by mouth at bedtime aspirin EC81 MGT tablet take by mouth one tablet every other day.

Resident #5 has a standing order to crush all medications that can be crushed and administer in putting / applesauce. However, the administration instructions to crush were present on multiple medication labels to include, Mirtazapine 7.5 mg tablet take by mouth one tablet daily at bedtime and melatonin 10 mg tablet take by mouth one tablet daily at bedtime.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediately Action: On 02/14/25 the PCHA put a direction change sticker on the Resident #4 and #5 medications.

Action Plan: The PCHA did staff education on 03/13/24 about resident labels, If the staff was unable to attend the education they have until 03/30/25 to make up the education.

On going compliance: The PCHA reached out to the pharmacy and this order is what is called a standing order. Since the DHS is requiring the PCH to add a standing order to medication labels, the PCHA or designee will do an audit and remove the standing order from all residents per MD orders and only have it for residents who have known difficulty swallowing medications. The PCHA will complete the Medication Order Audit by 05/01/25. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [redacted] - 05/08/2025)

185a - Implement Storage Procedures

10. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4, was prescribed morphine sulfate 20 mg / ml give .5 ml sublingually every two hours as needed for moderate pain. However, the medication was not available in the home.

On 2/14/25, at 3:08 p.m., Resident #5's Glucometer indicated a time of 12:53 p.m.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 the DOW called the Pharmacy to see when the medication for Resident # 4 would be available from the pharmacy. Resident #5 Glucometer was reset with correct time.

Action Plan: The PCHA did education on 03/13/25 in regards to 2600.185 a. Is staff was not available for the education they have until 03/30/25 to make it up.

On going compliance: Resident # 4 medication was delivered on 02/14/25 . Resident # 5's glucometer was reset with correct time on 02/14/25. The PCHA or designee will do a cart audit by 04/30/25 to ensure all medications are in the cart and compliance with regulation 2600.185 a. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ([redacted] - 05/08/2025)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 11. Special precautions, if applicable.
- 13. Date and time of medication administration.

Description of Violation

Resident #4, was prescribed zinc oxide 20% ointment, one small application topically to buttocks 3 times a day for a skin irritation. The resident's February 2025, medication administration record indicated the medication was administered on multiple dates to include 2/6/25, and 2/7/25, However, the medication was not administered, it was not available in the home.

Resident #4, was prescribed Mirtazapine 7.5 mg tablet take by mouth one tablet daily at bedtime. However, the medication's label indicated mirtazapine 7.5 mg tablet, take by mouth one or two tablets daily at bedtime.

Resident #6, was prescribed Diltiazam ER 240 mg capsule take by mouth one capsule once daily. The resident's February 2025, medication administration record indicated the medication was administered on 2/11/25, and 2/12/25. However, the medication was not available in the home.

REPEAT VIOLATION: 3/28/24, et.al.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 The DOW reached out to the pharmacy to confirm resident #4 medication zinc oxide would be delivered. The DOW put a direction change sticker on Resident #4 Mirtazapine 7.5 mg tablet to match Mar of 1 tablet.

Action Plan: The PCHA did staff education on 03/13/25 with Med-techs about proper documentation of

187a - Medication Record (continued)

medication, and how to document if not available from pharmacy. If the staff was not available for the education they have until 03/30/25 to make up education.

Ongoing Compliance: The PCHA or designee will do cart audits by 04/30/25 to ensure all medication is in the cart and in compliance with regulation 2600.187a (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 05/08/2025)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #4, was prescribed zinc oxide 20% ointment, one small application to buttocks 3 times a day for skin irritation. However, the resident was not administered the medication on multiple dates to include 2/5/25, at 7:00 p.m., to 10:00 p.m., and 2/8/25, at 7:00 a.m., to 10:00 a.m., and 2:00 p.m., because the medication was not in the home.

Resident #6, was prescribed Diltiazam ER 240 mg capsule take by mouth one capsule once daily. However, the medication was not administered on multiple dates to include on 2/10/25, and 2/13/25, because the medication was not in the home.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 The DOW reached out to the pharmacy to confirm resident #4 medication zinc oxide and Resident #6 Diltiazam ER 240 mg would be delivered to the home on 02/14/25 for compliance.

Action Plan: The PCHA did staff education on 03/13/25 with Med-techs about proper documentation of medication, and the home shall make sure medication is available for the residents as per MD ordered. If the staff was not available for the education they have until 03/30/25 to make up education.

Ongoing Compliance: The PCHA or designee will do cart audits by 04/30/25 to ensure all medication is in the cart and in compliance with regulation 2600.187d (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 05/08/2025)

233c - Key-Locking Devices

13. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near multiple exits to include the exit at the end of the 500 hallway and the double exit door located in the home's great room.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action: On 02/14/25 the PCHA had code sign's made and hung up at the exit of the 500 hallway and the double exit door located in the home's great room.

Action Plan: The PCHA did education with the staff on 03/13/25 in regards to 2600.223c. Education to make sure

233c - Key-Locking Devices (continued)

doors have codes posted in a conspicuous place. If staff was absent from education they can make up education until 03/30/25

Ongoing Compliance: The PCHA or designee will check the doors at the home to ensure they have proper signage starting 04/01/25 x 4 weeks. (Documentation shall be kept)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 05/08/2025)