

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

June 16, 2025

[REDACTED], AUTHORIZED REPRESENTATIVE  
MOUNTAIN VIEW SENIOR LIVING LLC  
132 NATURE PARK ROAD  
GREENSBURG, PA, 15601

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025 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: 04/02/2026  
 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: 132 NATURE PARK ROAD, GREENSBURG, PA, 15601  
 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: 76 Waking Staff: 57

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Incident Exit Conference Date: 04/08/2025

**Inspection Dates and Department Representative**

03/25/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 130 Residents Served: 59  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 59  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 17 Have Physical Disability: 0

**Inspections / Reviews**

03/25/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2025

05/20/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/10/2025

Inspections / Reviews *(continued)*

06/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

At 10:55 a.m., there were 3 approximate 1" brown areas of what appeared to be feces and a blue bath poof with multiple pieces of what appeared to be feces on the shower floor in resident #1's bedroom. The toilet was full of a dark brown substance and the sink bowl was covered in a brown substance. There were multiple small insects flying around in the bathroom.

Plan of Correction

Accept (█) - 05/20/2025

Immediate Action: On 03/25/25 the administrator had housekeeping clean the shower area and toilet of Resident # 1's room.

Action Plan: The administrator has education for housekeeping scheduled for 5/06/25. Mountain View did recently hire a House Keeping Supervisor to review room cleaning schedules.

On Going Compliance: The administrator or designee will do bathroom checks in Resident # 1's room weekly starting 05/07/25 x 4 weeks to ensure sanitary conditions are maintained. (Documentation shall be kept) Completion Date 5/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/16/2025

101j7 - Lighting/Operable Lamp

2. 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

At 11:05 a.m., resident #2 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 05/20/2025

Immediate Action: On 03/25/25 The maintenance personnel put a tap light on the wall for Resident #2 , to have access to an operable lamp.

Action Plan: The administrator has education scheduled for care staff / maintenance to educate in regards to regulation 2600.101 J. on 05/06/25.

On Going Compliance: The administrator or designee will do checks on all rooms to ensure that they have an operable lamp at bedside starting on 05/07/25 x 4 weeks for compliance with regulation 2600.101J is maintained. (Documentation shall be kept) Completion Date 05/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/16/2025

102i - Soap Dispenser

3. Requirements

2600.

102i - Soap Dispenser (continued)

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 11:07 a.m., there was an unlabeled used bar of soap in in the shared bathroom of bedroom #227.

Plan of Correction

Accept ( ) - 05/20/2025

Immediate Action: On 03/25/25 the administrator removed the bar of soap from room 227. Each resident room has soap dispensers on the wall.

Action Plan: The administrator has care staff education scheduled to review Regulation 2600.102i scheduled for 05/06/25.

On going Compliance: The administrator or designee will do room checks starting on 05/07/25 x 4 weeks for compliance with regulation 2600.102i to ensure all bar soap is in in containers labeled if bathrooms and shared bathrooms as per regulation. (Documentation shall be kept) Completion Date 05/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( ) - 06/16/2025

103g - Storing Food

4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:28 a.m., 1 bag of frozen egg patties and 1 bag of frozen pizza dough were opened and unsealed in the walk-in freezer.

Plan of Correction

Accept ( ) - 05/20/2025

Immediate Action: On 03/25/25 The kitchen staff immediately removed the pizza dough and egg patties and discarded them.

Action Plan: The administrator has kitchen staff education scheduled for 05/06/25 to educate staff on the importance of proper sealing and storage of food.

On Going Compliance: The administrator or designee will do freezer checks starting on 05/07/25 x 4 weeks for compliance with regulation with 2600.103g storing Food. (Documentation shall be kept) Completion Date 05/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( ) - 06/16/2025

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 1/13/25, a fire safety expert supervised a fire drill. The fire safety expert's documentation indicates the drill was

132c - Fire Drill Records (continued)

conducted at 11:10 a.m., with 15 staff participating to evacuate 60 residents in 6 minutes and 37 seconds. However, the home's fire drill log indicates the drill was conducted at 11:02 a.m., with 10 staff participating to evacuate 60 residents in 6 minutes and 39 seconds.

The fire drill log does not indicate AM or PM for the fire drill conducted 7/30/24.

Plan of Correction

Accept ( ) - 05/20/2025

Immediate Action: The Administrator did verbal education with the maintenance personnel on 03/25/25 who completed the fire drill on 01/13/25 about watching times and also putting AM and PM after times of drills.

Action Plan: The administrator has education scheduled for 05/06/25 with the maintenance personnel to go over regulation 2600.132 C and the Fire Drill Records.

On Going Compliance: The administrator or Building Director will review the Fire Drill records monthly x 3 months starting May 07, 2025. (Documentation shall be kept) Completion Date 7/30/25

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented ( ) - 06/16/2025

183e - Storing Medications

6. 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

Resident #1's Novolog Flexpen and Lantus Solostar were not dated when opened. The manufacturer's instructions for both medications indicate they expire 28 days after opening.

Repeat Violation: 11/14/24

Plan of Correction

Accept ( ) - 05/20/2025

Immediate Action: On 03/25/25 The staff LPN changed out Resident #1's Novolog and Lantus medications and labeled with an open sticker.

Action Plan: The administrator has education scheduled for 05/06/25 with the Med-tech staff and Licensed staff to ensure that medications are being labeled with open stickers and dated.

On Going Compliance: The administrator or designee will do checks on Resident # 1 Medication to ensure the Novolog and Lantus are being labeled and dated starting 05/07/25 x 4 weeks. The administrator will do a med cart audit by 05/30/25 to ensure all medications that need labeled properly when opened. (Documentation shall be kept) Completion date 05/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( ) - 06/16/2025

185a - Implement Storage Procedures

**7. Requirements**

2600.

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**

*The home's medication administration policy indicates, "Controlled substances shall be kept in a double locked area of the medication cart...Two staff must count all controlled substances and initial the form for accuracy."*

*Resident #3 is prescribed Oxycodone HCL 5mg, take by mouth three times per day. On 2/26/25 the home received 90 tablets from the pharmacy and from 2/26/25 to 3/25/25 the resident was administered, or staff destroyed, a total of 67 tablets; however, 23 tablets are unaccounted for.*

*Resident #4's glucometer was not set to the current date and time.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/20/2025)**

*Immediate Action: The Nursing staff re-set # 4 Glucometer to date and time. The staff member that was suspected of taking Resident # 3's 23 unaccounted oxycodone HCL 5 mg tablets was fired.*

*Action Plan: The administrator has education scheduled for 05/06/25 with the Med-tech staff and Licensed staff to go over Regulation 2600.185 a. This would include checking the date and time of glucometers and qualified staff people counting and signing off on controlled medications.*

*On Going Compliance: The administrator or designee will do glucometer checks starting on 05/07/25 x 4 weeks to ensure the glucometers are set with the correct date and time. (Documentation shall be kept)*

*The home has hired a team lead person to observe that the home's policy is being followed and compliance of regulation code 2600.185 is being enforced. The administrator or designee will review the Narcotic count sheets weekly starting on 05/07/25 x 4 weeks to ensure two qualified staff persons are counting and compliance is being followed. Documentation shall be kept. Completion date 05/30/25*

**Licensee's Proposed Overall Completion Date: 05/30/2025**

**Implemented ( [REDACTED] - 06/16/2025)**

**187c - Refusal of Medication**

**8. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident #5 was prescribed Omeprazole 20m capsules, take 1 capsule by mouth once daily. On 3/5/25, 3/6/25, 3/13/25 - 3/17/25, 3/20/25, and 3/24/25 the resident refused to take the medication; however, the home did not notify the provider of the refusals.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/20/2025)**

*Immediate Action: On 03/25/25 the administrator notified the Med-tech's, Licensed staff that it must be documented and the physician must be notified if a resident refuses [REDACTED] medications.*

*Action Plan: The administrator has education scheduled for Med-techs and Licensed staff on 05/06/25 in regards to*

187c - Refusal of Medication (continued)

regulation 2600.187c. The administrator will review with Med-techs and Licensed staff reports that can be printed to inform the physician of refusals of medications, so that refusals will not be missed and can be addressed by the prescribers.

On Going Compliance: The administrator or designee will review the Medication refusal report starting on 05/07/25 x 4 weeks to ensure compliance with regulation 2600.187c. (Documentation shall be kept) Completion date 05/30/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/16/2025)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident #1 was prescribed Novolog FlexPen, administer per sliding scale before meals and at bedtime:

- 150 - 200 = 1 unit
- 201 - 250 = 2 units
- 251 - 300 = 3 units
- 301 - 350 = 4 units
- 351 - 400 = 5 units
- >401 = 6 units and call MD

On 3/23/25 at 8:00 p.m., resident #1's blood glucose reading was 225 and 3 units were administered; however, according to the prescriber's orders, 2 units should have been administered.

On 3/18/25, resident #6 was prescribed Fentanyl Transdermal patch 25 mcg/hr, apply 1 patch every 72 hours. However, from 3/18/25 to 3/20/25 the medication was not administered to the resident because it was not available in the home.

Repeat Violation 11/14/24

Plan of Correction

Accept (█) - 05/20/2025)

Immediate Action: On 03/25/25 the administrator did verbal education to the LPN on duty in regards to following prescriber's orders and the importance of making sure all medications are available in the home.

Action Plan: The home switched Pharmacies due to the issues of medications not being available to the home. The administrator scheduled staff education on 05/06/25 for Licensed staff and Med-techs to go over the importance of following prescriber's orders and re-ordering medications from Tabulo Pro. The administrator will review following up with the pharmacy to ensure medications are coming into the home as ordered and in a timely manner

On Going Compliance: The administrator set up with the new pharmacy that an email is sent to the administrator if there is an issue with medication re-orders or insurance issues, this way medications can be handled promptly any problem arises. The administrator will review medication re-order issues starting on 05/07/25 x 4 weeks to ensure all medications are being delivered promptly to the home. (Documentation shall be kept) Completion Date 05/30/25

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/16/2025