



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MVSP OPERATING, LLC.**

LEGAL ENTITY

To operate **MOUNT VERNON OF SOUTH PARK**

NAME OF FACILITY OR AGENCY

Located at **1400 RIGGS ROAD, SOUTH PARK TOWNSHIP, PA 15129**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **37**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 20, 2025** until **June 20, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456550**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

Via Email: [REDACTED]

Date: June 20, 2025

[REDACTED] Owner/CEO
MSVP Operating LLC
[REDACTED]

RE: Mount Vernon of South Park
1400 Riggs Road
South Park Township, PA 15129
License #: 456550

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 29, 2025 and June 9, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW 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: *MOUNT VERNON OF SOUTH PARK* License #: *45655* License Expiration:
Address: *1400 RIGGS ROAD, SOUTH PARK TOWNSHIP, PA 15129*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MVSP OPERATING, LLC.*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/28/1994* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *04/29/2025*

Inspection Dates and Department Representative

04/29/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *0*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

04/29/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/18/2025*

Inspections / Reviews (*continued*)

05/16/2025 - POC Submission

Submitted By: *Kristina Freismuth*Date Submitted: *05/31/2025*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/22/2025*

05/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *05/31/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/01/2025*

06/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *05/31/2025*

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 Standard Act, enacted on 9/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. No carbon monoxide detector was present near the the gas Lennox furnace, located in the home's basement.

Plan of Correction

Directed () - 05/20/2025

There are 7 fossil-fuel burning locations in the home. CO2 monitors have been installed near each one. Carbon monoxide detectors will be monitored monthly to address batteries if necessary to ensure continuity of protection. (DIRECTED: The monthly checks shall begin on 6/1/25 to ensure compliance with The Care Facility Carbon Monoxide Alarms Standard Act. () 5/20/25). Batteries will also be changed annually alongside the May fire safety inspection. Attached is the monthly log with each device location and associated safety maintenance policy.

Proposed Overall Completion Date: 05/19/2025

Directed Completion Date: 06/01/2025

Implemented () - 06/18/2025

89a - Water Pressure

2. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

At the time of inspection, there was no hot water available at numerous sinks, to include the following:

- The bathroom sink in the shared bathroom of bedroom #1
- The bathroom sink in the private bathroom of bedroom #9
- The bathroom sink in the shared bathroom of bedroom #12
- The bathroom sink in the private bathroom of bedroom #16

At the time of inspection, there was no hot or cold water available at the 2 sinks located in the home's kitchen

Plan of Correction

Directed () - 05/20/2025

As of 5/14/25 all four hot water tanks are in operable condition and set at 115. Hot water is available throughout the entire building. See attached invoice for work done. A weekly temperature reading will be taken and recorded on a water temp log for the kitchen, laundry and 3 random resident rooms will occur for the first two months of

89a - Water Pressure (continued)

operations. (DIRECTED: The weekly checks shall begin on 6/1/25. [REDACTED] 5/20/25). Then the monitoring will occur on a monthly basis. See attached policy and log.

Proposed Overall Completion Date: 05/19/2025

Directed Completion Date: 06/01/2025

Implemented ([REDACTED] - 06/18/2025)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The home currently has 4 hot water tanks; however, at the time of inspection, 2 of the hot water tanks were inoperable.

At approximately 10:00 AM, the doors near bedroom #7, which appear to be fire-safe doors, did not securely close into the door frame and had to be pushed closed by an agent of the Department.

At the time of inspection, the home's fire panel displayed a message indicating, "trouble cnt:7"

Plan of Correction

Directed ([REDACTED] - 05/20/2025)

As of 5/14/25 all four hot water tanks are in operable condition and set at 115. Hot water is available throughout the entire building. As of 5/15/25, the fire panel and all alarms are in working order with the fire doors in operable condition. There are no errors on the fire panel display. See attached invoice on work completed on hot water tanks, quote on additional work on tanks which is in progress and note from Pittsburgh Fire Sprinkler. Pittsburgh Fire Sprinkler made the repairs to the fire doors and fire system, completed on 5/15/25. They are under contract for continued maintenance and monitoring of the system and per the attached letter. For the long term monitoring to ensure all FF&E are in good repair, clean and free of hazards the following maintenance policy outlines the process for any staff member to alert the maintenance lead of any issues.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home weekly to ensure all furniture and equipment is in good repair, clean and free of hazards. [REDACTED] 5/20/25

Proposed Overall Completion Date: 05/19/2025

Directed Completion Date: 06/01/2025

Implemented ([REDACTED] - 06/18/2025)

100a - Exterior - Free of Hazards

4. Requirements

100a - Exterior - Free of Hazards (continued)

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At the time of inspection, the main entrance of the home was actively under construction, exposing numerous construction materials, tools, ladders and electrical cords.

At the time of inspection, there were numerous light poles that were cut and laying on the ground along a walkway in the rear of the home, exposing the electrical wiring at the base of the poles.

Plan of Correction

Directed (█ - 05/20/2025)

The side employee entrance, accessible from the main parking lot, will be used as the primary entrance until construction is completed. This entrance is completely free of any hazards and is in good repair. The entrance mentioned in the Violation will be completed by 5/21 and all equipment removed. This is a one-time construction project.

The light poles mentioned in the violation are in the secured memory unit exterior yard. They will be removed by 5/21 as part of the landscaping agreement. They are also not in the area of the home which is part of the initial license request for 37 residents. Since this area is a part of the secure memory area, no residents will have access to this area until memory care is open and therefore there is no posed thread by these existing structures. For the long term monitoring to ensure the exterior of the building and the building grounds or yard are in good repair and free of hazards the following maintenance policy outlines the process for any staff member to alert the maintenance lead of any issues.

*DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the exterior of the home weekly to ensure the exterior of the building and the building grounds or yard are in good repair and free of hazards. █
5/20/25*

Proposed Overall Completion Date: 05/21/2025

Directed Completion Date: 06/01/2025

Implemented (█ - 06/18/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At approximately 9:45 AM, there was no grab bar at the toilet in the shared bathroom of bedroom #1.

Plan of Correction

Directed (█ - 05/20/2025)

On 4/29/25, a grab bar was installed in the shared bathroom of bedroom #1. An inspection of all bathrooms has been completed and confirmed that all grab bars are installed. See photo of bathroom in bedroom #1. For the long

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

term monitoring to ensure all FF&E are in good repair, clean and free of hazards the following maintenance policy outlines the process for any staff member to alert the maintenance lead of any issues. Bathroom checks are also included in the weekly room audits, also mentioned in the maintenance policy. (DIRECTED: The weekly checks of all bathrooms shall begin on 6/1/25 to ensure compliance with 2600.102d. [REDACTED] 5/20/25).

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 06/01/2025

Implemented ([REDACTED] - 06/18/2025)

103a - Kitchen

6. Requirements

2600.

103.a. A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Description of Violation

At the time of inspection, the following items in the home's main kitchen were inoperable:

- The gas stove
- 2 of the sinks

Plan of Correction

Directed ([REDACTED] - 05/20/2025)

On 4/30/25, the gas stove and two sinks were hooked up to their respective utilities and are in working order. All kitchen equipment has been completely installed. See photo attached of gas stove and sinks. This was a one time set-up as a result of renovations. For the long term monitoring to ensure all FF&E are in good repair, clean and free of hazards the following maintenance policy outlines the process for any staff member to alert the maintenance lead of any issues.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home's kitchen monthly to ensure compliance with 2600.103a. [REDACTED] 5/20/25

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 06/01/2025

Implemented ([REDACTED] - 06/18/2025)

104b - Dishes/Glassware/Utensils

7. Requirements

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

At the time of inspection, no dishes, glassware or utensils were present in the home.

104b - Dishes/Glassware/Utensils (continued)

Plan of Correction

Directed (█) - 05/20/2025

All plates, flatware and glasses have been purchased. Flatware is on-site and dinnerware invoice is attached. Delivery date from the distributor is still TBD but dinnerware to serve 6 people has been ordered from amazon and has been delivered 5/19. To ensure compliance, the culinary director will be responsible for inventory management of all dining and kitchen supplies and replenishing when necessary.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home weekly to ensure compliance with 2600.104b. █ 5/20/25

Proposed Overall Completion Date: 05/19/2025

Directed Completion Date: 06/01/2025

Implemented (█) - 06/18/2025

107a - Emergency Preparedness

8. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The home does not have a copy of the emergency preparedness plan for the municipality in which the home is located.

Plan of Correction

Directed (█) - 05/20/2025

The township is in the process of updating their emergency plan and will provide a copy upon the return of the Chief of Police from vacation, also the director of Emergency preparedness, by 5/26/25. Once the township emergency plans are delivered to the home on 5/26/25, a designated staff person will post a copy of the plan on the same day in a public and conspicuous place in the home in accordance with 2600.123b. (DIRECTED: By 5/27/25: A designated staff person shall ensure a copy of the township's emergency preparedness plan is posted in a public and conspicuous place in the home. █ 5/20/25). The attached maintenance policy also outlines the monthly audit of all required policies and documents that are required to be posted in a public and conspicuous place are in good repair.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home monthly to ensure the township's emergency preparedness plan is present in the home and posted in a public and conspicuous place, along with the home's emergency preparedness plan in accordance with 2600.123b. █ 5/20/25

Proposed Overall Completion Date: 05/26/2025

Directed Completion Date: 06/01/2025

Implemented (█) - 06/18/2025

107d - Procedure Emergency Management Agency Submission

9. Requirements

2600.

107d - Procedure Emergency Management Agency Submission (continued)

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction

Directed () - 05/20/2025

The emergency procedures will be submitted to the Chief of Police, also the director of Emergency preparedness, upon return by 5/26/25. The attached maintenance policy also outlines the annual review of the required policy and ensure it is submitted to the local emergency management agency.

DIRECTED: By 6/1/25: The administrator shall develop and implement a tracking system to ensure the home's written emergency procedures are reviewed, updated and submitted at least annually to the local emergency management agency. Documentation of the tracking system shall be kept. 5/20/25

Proposed Overall Completion Date: 05/26/2025

Directed Completion Date: 06/01/2025

Implemented () - 06/18/2025

121a - Unobstructed Egress

10. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:10 AM, the emergency exit door at the employee entrance leading to the parking lot required excessive force by an agent of the Department to open the door.

Plan of Correction

Directed () - 05/20/2025

The exit door at the employee entrance has been rehung to resolve the excessive force required to open the door. All exterior doors and egress pathways have been audited to ensure ease of opening. The repair was made by on 4/30. For the long term monitoring to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed moving forward the following maintenance policy outlines the process for any staff member to alert the maintenance lead of any issues.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home weekly to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. 5/20/25

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 06/01/2025

Implemented () - 06/18/2025

123b - Emergency Procedures Posted

11. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At the time of inspection, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (█ - 05/20/2025)

The home's emergency procedures have been copied and bound and available at the front desk in the lobby as of 5/1/25. They are in a red binder for ease of location. The emergency procedures have also been copied for each wing of the home (3) and kept at each respective nurse station. The attached maintenance policy also outlines the annual review of the required policy and ensure.

DIRECTED: Beginning on 6/1/25: The administrator/designee shall inspect the home monthly to ensure the township's emergency preparedness plan, along with the home's emergency preparedness plan, are posted in a public and conspicuous place in the home in accordance with 2600.123b. █ 5/20/25

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 06/01/2025

Implemented (█ - 06/18/2025)

124 - Notice to Fire Department

12. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department indicating the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed (█ - 05/20/2025)

On 4/30/25, written notification to the local fire department was made and acknowledgement received. Attached is the email correspondence with the fire chief acknowledging this requirement. The attached maintenance policy also outlines the annual review of the required policy and ensure it is submitted to the local emergency management agency.

DIRECTED: Beginning on 6/1/25: The administrator shall review the documentation submitted to the local fire department at least quarterly to ensure accuracy in accordance with 2600.124. █ 5/20/25

Proposed Overall Completion Date: 05/16/2025

124 - Notice to Fire Department (continued)

Directed Completion Date: 06/01/2025

Implemented (█ - 06/18/2025)

132b - Safety Inspection/Fire Drill

13. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home does not have documentation indicating a fire safety inspection was conducted by a fire safety expert within the past year.

Plan of Correction

Directed (█ - 05/20/2025)

The home has been inoperable for the last year and vacant since October 2020. The recertification of the physical facility will be completed by 5/20 by Pittsburgh Sprinkler. Chief █ will complete the fire safety inspection by 5/30. (DIRECTED: By 5/31/25: The administrator shall ensure documentation of the fire safety inspection is kept, which includes the date of the fire safety inspection, the location of the home's internal fire-safe areas, if applicable, or the designated meeting place outside and away from the building and the maximum evacuation time to get to the fire-safe areas or the designated meeting place outside the building. █ 5/20/25). The email attached explicitly states the maximum evacuation time for fire drills is 7 min.

DIRECTED: By 6/1/25: The administrator shall develop and implement a tracking system to ensure a fire safety inspection and fire drill conducted by a fire safety expert is completed at least annually. Documentation of the tracking system shall be kept. █ 5/20/25

Proposed Overall Completion Date: 05/30/2025

Directed Completion Date: 06/01/2025

Implemented (█ - 06/18/2025)

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

Facility Information

Name: *MOUNT VERNON OF SOUTH PARK* License #: *45655* License Expiration:
 Address: *1400 RIGGS ROAD, SOUTH PARK TOWNSHIP, PA 15129*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MVSP OPERATING, LLC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/28/1994* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *06/09/2025*

Inspection Dates and Department Representative

06/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *0*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

06/09/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/19/2025*

Inspections / Reviews (*continued*)

06/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/18/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/20/2025

06/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/18/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/17/2025

06/18/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/18/2025
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 Standard Act, enacted on 9/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. Numerous carbon monoxide detectors were installed within 15 feet of the gas furnaces, to include the following furnace rooms:

- The furnace room near bedroom #7
- The furnace room near bedroom #21
- The furnace room near bedroom #26

Plan of Correction

Accept ([redacted] - 06/16/2025)

As previously issued on LIS dated May 16, 2025, where description of Violation is " Description of Violation The Care Facility Carbon Monoxide Alarms Standard Act, enacted on 9/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. No carbon monoxide detector was present near the the gas Lennox furnace, located in the home's basement. " and POC was as follows: There are 7 fossil-fuel burning locations in the home. CO2 monitors have been installed near each one. Carbon monoxide detectors will be monitored monthly to address batteries if necessary to ensure continuity of protection. The monthly checks shall begin on 6/1/25 to ensure compliance with The Care Facility Carbon Monoxide Alarms Standard Act. Batteries will also be changed annually alongside the May fire safety inspection. Attached is the monthly log with each device location and associated safety maintenance policy.

During the inspection 4/28, each CO monitor was reviewed by the agent and there was no comment made on the distance required from the source. It was only pointed out during the second inspection on 6/9/25. Marking this as a second violation after review and thought that what the agent saw the first time would suffice and qualify for the requirement, it did not seem reasonable to mark as an additional violation based on the lack of attention to detail and then notice to our facility on the inspectors part.

On 6/11/25, all CO monitors were moved to more than 15ft from the fuel burning sources. This was resolved by the maintenance manager.

POC: There are 7 fossil-fuel burning locations in the home. CO2 monitors have been installed near each one AT LEAST 15FT FROM THE SOURCE. Carbon monoxide detectors will be monitored monthly to address batteries if necessary to ensure continuity of protection. The monthly checks began on 6/1/25 to ensure compliance with The Care Facility Carbon Monoxide Alarms Standard Act. Batteries will also be changed annually alongside the May fire safety inspection.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([redacted] - 06/18/2025)

88a - Surfaces

2. Requirements

2600.

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

88a - Surfaces (continued)

Description of Violation

At 9:52 AM, the push bar on the emergency exit door near bedroom #19 was detached from the door on the right side.

At 10:12 AM, the push bar on the emergency exit door in living room #2 was detached from the door on the right side.

A approximately 9:30 AM, no doorknob was present on the bathroom door in bedroom #9.

Plan of Correction

Accept ([redacted]) - 06/16/2025

On the inspection which occurred on 4/28, all exit doors were checked and there were no issues with excessive force to open any. On 6/9/25 inspection, the humidity created a swell in the new doors and frames which created sticking in addition to the types of screws used for the new doors which have since become loose. The doorknob for the bathroom in bedroom #9 was immediately next to the door as we had, after the inspection on 4/28, identified some doors that were beyond repair and required replacing.

By 6/16, the exit doors will have new sexbolts installed which will remediate the push bar failures. The bolts were delivered on 6/12. On 6/12, the door knob to the bathroom in bedroom #9 was replaced, see photo. This was resolved by the maintenance manager.

POC: Beginning on 6/16/25, The administrator/designee shall inspect the home weekly to ensure compliance with 2600.88 and this will be included in the weekly checks that were established on 6/1 as part of the previously submitted POC on 5/20.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([redacted]) - 06/18/2025

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:30 AM, the emergency exit door near bedroom #58 required excessive force by an agent of the Department to open the door.

Plan of Correction

Accept ([redacted]) - 06/16/2025

On the inspection which occurred on 4/28, all exit doors were checked by an agent and there were no issues with excessive force to open the door near bedroom #58. On 6/9/25 inspection, the humidity created a swell in the new doors and frames which created sticking.

As of 6/11, the door has been adjusted to ensure excessive force is not required to open the door. This was resolved by the maintenance manager.

POC: Beginning on 6/16/25, The administrator/designee shall inspect the home weekly to ensure compliance with

121a - Unobstructed Egress (continued)

2600.121.a and this will be included in the weekly checks that were established on 6/1 as part of the previously submitted POC on 5/20.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([REDACTED] - 06/18/2025)