

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

August 26, 2025

[REDACTED]
MOUNTAIN VIEW MEMORY CARE LLC
[REDACTED]

RE: MOUNTAIN VIEW MEMORY CARE
711 ROUTE 119
GREENSBURG, PA, 15601
LICENSE/COC#: 45377

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/30/2025, 06/02/2025 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 MEMORY CARE License #: 45377 License Expiration: 05/12/2026
 Address: 711 ROUTE 119, GREENSBURG, PA 15601
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: MOUNTAIN VIEW MEMORY CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 06/06/2025

Inspection Dates and Department Representative

05/30/2025 - On-Site: [REDACTED]
 06/02/2025 - 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: Facility Capacity: 80 Residents Served: 50

Hospice
 Current Residents: 14

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 50 Have Physical Disability: 0

Inspections / Reviews

05/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/11/2025

08/01/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/15/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/15/2025

Inspections / Reviews *(continued)*

08/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for resident [redacted] dated [redacted] did not include the medication regimen, contraindicated medications, and medication side effects. The medical evaluation indicated "See attached" but nothing was attached.

Plan of Correction

Accept [redacted] W - 08/01/2025)

Immediate Action: The administrator reviewed the medication and the reason the medication list had a different date was the physician did the eval and then the resident was not discharged from the hospital so the medication list date was different.

Action Plan: The Administrator and DOW did Staff Education on 7/8/25 with Med-techs in regards to Regulation 2600.141 If the staff was absent from the team meeting they have until 7/30/25 to do the make up education. (documentation shall be kept)

On going compliance: The administrator or DOW will review each chart to ensure medication list are attached and review dates. The review will be completed by 8/30/25 (documentation shall be kept)

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ([redacted] 08/26/2025)

234b - Support Plan Needs Elements

2. Requirements

2600.

- 234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan dated [redacted], for resident [redacted] did not address the resident's need for psychiatric services, multiple falls resulting in lacerations and stitches and how these needs will be met.

Plan of Correction

Accept [redacted] - 08/01/2025)

Immediate Action: The Administrator added RN Psych to Resident [redacted] Care Plan on 5/30/25. (Rasp update attached)

Action Plan: The Administrator and DOW did education with the Med-Tech on 7/8/25 in regards to Regulation 2600.234b Support Plan Needs Elements. If the staff was absent from the team meeting they will have until 7/30/25 to make up the education. (Documentation shall be kept)

234b Support Plan Needs Elements (continued)

On going Compliance: The administrator or DOW will review each chart to ensure each support plan identifies the services the residents are on. The review will be completed by 8/30/25 (documentation shall be Kept)

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 08/26/2025)