

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

August 15, 2025

[REDACTED] OWNER, CEO
MVSP OPERATING, LLC.
[REDACTED]

RE: MOUNT VERNON OF SOUTH PARK
1400 RIGGS ROAD
SOUTH PARK TOWNSHIP, PA, 15129
LICENSE/COC#: 45655

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2025 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: *MOUNT VERNON OF SOUTH PARK* License #: *45655* License Expiration: *06/20/2026*
 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: *05/18/1995* Issued By: *Township of South Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *2* Waking Staff: *2*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/22/2025*

Inspection Dates and Department Representative

07/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *37* Residents Served: *2*

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: *2*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/22/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2025*

08/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2025*

Inspections / Reviews *(continued)*

08/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/13/2025

08/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 11:40 a.m., the home's inspection summaries dated 6/9/25 and 4/29/25 were not posted in a public and conspicuous place in the personal care home. Additionally, a copy of the chapter 2600 regulations was not posted in a public and conspicuous place in the personal care home.

Plan of Correction

Accept (█ - 08/07/2025)

On 7/28, the home's inspection summaries dated 6/9 and 4/29, as well as a copy of chapter 2600, were added to the Emergency Preparedness binder as separate tabs by the administrator. A new permanent hanging location has been added next to other required postings to avoid the temporary removal of this documentation, photo attached.

The availability of a copy of ch2600 and LIS were added to the instructions on the weekly Grounds Monitoring Log, see attached, which is signed off by the Administrator or designee weekly. All staff and residents will be trained on the location and contents of the required postings by the Administrator by 8/8/25 and this has been added to day 1 orientation for all new employees and residents.

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

Implemented (█ - 08/15/2025)

25c3 - Annual Assessment

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract for resident #1, dated █, did not describe the need for a medical evaluation or the procedures to be followed if either the assessment or the medical evaluation indicated the need of another and more appropriate level of care.

The resident-home contract for resident #2, dated █, did not describe the need for a medical evaluation or the procedures to be followed if either the assessment or the medical evaluation indicated the need of another and more appropriate level of care.

Plan of Correction

Accept (█ - 08/07/2025)

The contact has been amended by the administrator to include the required language for the need for a medical evaluation, see attached. A thirty day notice of the change will be emailed to the to POAs for resident #1 and #2 following approval in this LIS and POC.

An audit of all current and newly completed resident contracts have been audited on 8/4 for accuracy by the administrator. 3 out of 3 residents (inclusive of the two in the LIS) will be sent the 30 day notice with corrections on accuracy upon approval of the attached contract and addendums on this POC submittal.

25c3 - Annual Assessment (continued)

The contract has been amended for all future resident agreements upon approval of this POC.

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented (█) - 08/15/2025

25c9 - Termination

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 9. The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).

Description of Violation

The resident-home contract for resident #1, dated █ indicated "Needs exceeding facility capabilities" for facility-initiated termination of the contract and also indicated "residents require higher level of care" under a heading of "Contract Ends If:", however, the contract did not specify the conditions for admission and discharge to determine whether a higher level of care is appropriate or not.

The resident-home contract for resident #2, dated █, indicated "Needs exceeding facility capabilities" for facility-initiated termination of the contract and also indicated "residents require higher level of care" under a heading of "Contract Ends If:", however, the contract did not specify the conditions for admission and discharge to determine whether a higher level of care is appropriate or not.

Plan of Correction

Accept (█) - 08/07/2025

The contact has been amended by the administrator to include the required language on the definition of services provided and not provided, see attached. A thirty day notice of the change will be emailed to the to POAs for resident #1 and #2 following approval in this LIS and POC. A review of the third resident on-site will also be completed and corrected with a 30 day notice.

An audit of all current and newly completed resident contracts have been audited on 8/4 for accuracy by the administrator. 3 out of 3 residents (inclusive of the two in the LIS) will be sent the 30 day notice with corrections on accuracy upon approval of the attached contract and addendums on this POC submittal.

The contract has been amended for all future resident agreements upon approval of this POC

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented (█) - 08/15/2025

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There were no signs indicating that images are being recorded that were posted at the entrances to the home. However, the home's staff indicated that there was video recording at the entrances to the personal care home.

42s - Privacy (continued)

Plan of Correction

Accept (█) - 08/04/2025

The administrator has posted a sign indicating that video recording is happening on the front door during the time of the inspection.

This check, to ensure the sign remains in place, has been added to the weekly ground check audit which is signed by the administrator or designee.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented (█) - 08/15/2025

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/19/25 from 7:15 a.m. until 8:00 p.m., there were 2 residents in the personal care home and direct care staff person A was the only staff person present in the home trained in first aide and certified in obstructed airway techniques and CPR, however, direct care staff person A's certification in obstructed airway techniques and CPR expired in April 2025.

On 7/20/25 from 7:15 a.m. until 8:00 p.m., there were 2 residents in the personal care home and direct care staff person A was the only staff person present in the home trained in first aide and certified in obstructed airway techniques and CPR, however, direct care staff person A's certification in obstructed airway techniques and CPR expired in April 2025.

Plan of Correction

Accept (█) - 08/07/2025

The administrator's desginee has contacted The American Red cross for training, see attached email, and we will have a training in place for all employees by August 8. It will be a requirement of all direct care staff to attend. The upcoming schedule has been reviewed and revised to ensure there is at least one staff person present in the home with a current certification.

The administrator, or Director of Operations, will review the staff schedule on a weekly basis to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR will be in the home at all times. This includes the actual staff persons and review for call-offs and planned time off. This review will begin on 8/11.

Licensee's Proposed Overall Completion Date: 08/11/2025

Implemented (█) - 08/15/2025

66b - Training Plan Content

6. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.

66b - Training Plan Content (continued)

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The staff training plan for 2025 did not include:

- The name, position and duties of each direct care staff person.
- The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept (█ - 08/07/2025)

The administrator has updated the staff training schedule for the next 12 months including the position name, date, time and locations. See attached.

A monthly training audit, to ensure the staff training plan is current and updated and followed-through-with, has been added to the monthly safety policy review and will be signed by the administrator or designee. See attached form. This audit will begin with the August monthly audit.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█ - 08/15/2025)

91 - Telephone Numbers

7. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 9:05 a.m. the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the telephone located on the desk in front of the medication room by nurse station 1.

At approximately 10:47 a.m. the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the telephone located on the nightstand at bedside in resident room #16 █

Plan of Correction

Accept (█ - 08/07/2025)

The administrator has posted the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were posted near the telephone located on the desk in front of the medication room by nurse station 1 during the inspection.

The administrator has posted the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were posted near the telephone located on the nightstand at bedside in resident room #16 █

The administrator will have posted the emergency contact list to each resident room, and not just every phone, for the resident who might have a cell phone or if there are visitors as a means of proactive management. The availability of the emergency numbers will be included in the weekly grounds audit which is signed by the administrator or designee and will begin for the week of 8/4.

91 - Telephone Numbers (continued)

Licensee's Proposed Overall Completion Date: 08/11/2025

Implemented (█) - 08/15/2025

95 - Furniture and Equipment

8. Requirements

2600.

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

Description of Violation

At approximately 12:42 p.m., there were as many as 7 individual back planks on the bench located in the courtyard next to the air conditioning units that were loose or detached from the frame of the bench.

REPEAT VIOLATION 4/29/25

Plan of Correction

Directed (█) - 08/07/2025

On July 28th, the maintenance lead fixed the bench listed on the LIS, see attached photo. All benches in the courtyard have been inspected and signed off for correct installation by the administrator. Weekly site audits for the grounds, which include the review of furniture and fixtures being in good repair, will be signed by the administrator or designee and signed off on and kept in the maintenance log-book.

Please provide a Directive on education of staff on all compliance requirements in Regulation 2600.

Proposed Overall Completion Date: 08/06/2025

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2500.95 and the home's policy and procedures for maintaining compliance with the regulation. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 8/7/25

Directed Completion Date: 08/12/2025

Implemented (█) - 08/15/2025

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 11:00 a.m. in the home's main laundry room, there was an approximately one-eighth-inch thick layer of lint in the lint screen of the right-hand side B & C Technologies dryer.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept () - 08/04/2025

On July 28th, the administrator has provided training for each staff member occurred on how to clean and remove lint from the commercial dryers. The installation company is scheduled to be on-site on Tuesday August 5th for an in-depth demonstration for staff. The lint removal for all five dryers on site has been added as a line item on the weekly ground check, to be signed by administrator or designee.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented () - 08/15/2025

123b - Emergency Procedures Posted

10. 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 approximately 11:40 a.m., the emergency procedures for the home and the local municipality were not posted in a public and conspicuous place in the personal care home.

REPEAT VIOLATION 4/29/25

Plan of Correction

Accept () - 08/04/2025

The administrator has included the emergency procedures for the home and the local municipality to a new permanent hanging location next to other required postings to avoid the temporary removal of this documentation.

The availability of the emergency procedures for the home and the local municipality were added to the instructions on the weekly Grounds Monitoring Log, see attached, which is signed off by the Administrator or designee weekly.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented () - 08/15/2025

183d - Prescription Current

11. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At approximately 2:30 p.m. there was a blister-package of [redacted] that was found on the home's medication cart, was dated 6/19/25, and the pharmacy label indicated it belonged [redacted]. However, [redacted] did not have a current order for [redacted] on the prescriber's orders from admission, dated [redacted]

Plan of Correction

Accept () - 08/07/2025

The Administrator completed an initial medication cart audit verifying there were no discontinued medications in the medication cart. This was completed on July 29, 2025. All medication staff were reeducated on the proper storage of medications on July 29, 2025. The Administrator or designee will complete a cart audit weekly x 3 weeks then

183d - Prescription Current (continued)

monthly x 2 months. Administrator or designee will have completed by October 31, 2025.

The violation points to a medication that came with the resident upon move-in, hence why it was not in the current orders for the resident. The medication was removed from the cart and the administrator will develop a "resident move in medication" process to ensure timely and accurate profiling and physical inventory audits of new resident medications by 8/30.

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

Implemented (█) - 08/15/2025

187b - Date/Time of Medication Admin.

12. 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 #2 was prescribed █ was distributed to the home on 7/4/25, █ remaining on 7/22/25. However, on dates ranging from 7/4/25 through 7/21/25, the resident's July 2025 medication administration record documented █ as administered 18 times █ but the home's remaining inventory of █ demonstrated 5 █ were documented but not administered.

Plan of Correction

Accept (█) - 08/04/2025

Administrator completed an initial MAR audit verifying there were medications not any medications that had not been signed off on. This was completed on July, 29, 2025. All medication staff were reeducated on the proper storage of medications on July 29, 2025. Administrator or Designee will complete a weekly MAR audit weekly x 3 weeks then monthly x 2 months. Administrator or Designee will have this completed by October 31, 2029.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 08/15/2025

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #2 was prescribed █ was distributed to the home on 7/4/25, █ remaining on 7/22/25. However, on dates ranging from 7/4/25 through 7/21/25, the resident's July 2025 medication administration record documented █ as administered 18 times █ but the home's remaining inventory █ demonstrated 5 █ were not administered to resident #2.

Plan of Correction

Accept (█) - 08/04/2025

Administrator did an initial medication cart audit verifying that all medications have been administered according to the prescriber's orders. This was completed on July, 29, 2025. All medication staff were reeducated on following the prescriber's orders. Administrator or Designee will complete a weekly MAR audit weekly x 3 weeks then monthly x 2 months. Administrator or Designee will have this completed by October 31, 2029.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 08/15/2025

191 - Resident Right to Refuse

14. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There was no documentation that resident #1 has been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

There was no documentation that resident #2 has been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Accept (█) - 08/07/2025

The contract, ADDENDUM A, has been amended by the administrator to include the required language to advise the resident/POA on the right to refuse a medication. A thirty day notice of the change will be emailed to the to POAs for resident #1 and #2 following approval in this LIS and POC.

An audit of all current and newly completed resident contracts have been audited on 8/4 for accuracy by the administrator. 3 out of 3 residents (inclusive of the two in the LIS) will be sent the 30 day notice with corrections on accuracy upon approval of the attached contract and addendums on this POC submittal.

The contract has been amended for all future resident agreements upon approval of this POC.

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented (█) - 08/15/2025