

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

July 31, 2025

[REDACTED], ADMINISTRATOR/CO OWNER
MONARCH MEADOW LLC
490 COOLSPRING STREET
UNIONTOWN, PA, 15401

RE: MONARCH MEADOW
490 COOLSPRING STREET
UNIONTOWN, PA, 15401
LICENSE/COC#: 44944

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2025 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: *MONARCH MEADOW* License #: *44944* License Expiration: *08/18/2025*
 Address: *490 COOLSPRING STREET, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MONARCH MEADOW LLC*
 Address: *490 COOLSPRING STREET, UNIONTOWN, PA, 15401*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/20/1997* Issued By: *Labor & Industry*
 Type: *Other* Date: *11/30/2020* Issued By: *North Union Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *07/23/2025*

Inspection Dates and Department Representative

07/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *49* Residents Served: *32*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

07/23/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2025*

07/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/31/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2025*

Inspections / Reviews *(continued)*

07/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/01/2025

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 ceased to breath on date-of-death #1. However, the incident was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until 7/23/25 at approximately 11:15 a.m.

Plan of Correction**Directed (█ - 07/30/2025)**

On 7-23-2025 at approximately 10:30am the lead inspector notified the Administrator that there was no incident report completed by facility, for a resident who had passed away █. The Lead Inspector gave technical support, explaining since resident was on a bed hold at time of death, and although resident was not in the PCH at the time of death, the incident still required an incident report. The Lead Inspector also referenced the appropriate State Regulation, for particular violation. At approximately 11:00am the Administrator completed the incident report in question and gave it to the lead inspector. To ensure that this incident does not occur in the future, the facility has created a Resident Record Discharge Checklist. The new checklist will be completed by the Administrator and added to the Resident Record upon all facility discharges. This checklist will ask the following questions: 1. Where was the resident discharged to? 2. If resident passed away, were they in the PCH at time of death? 3. If resident was in hospital at time of death, was the bed on hold? 4. Was the Incident Report completed? 5. Date and time incident report was reported to the Department. 6. Date and time Death Certificate was requested by facility. 7. Date and time Death Certificate was received by facility. The completion of the Resident Record Discharge Checklist will ensure the facility has included an Incident Report and Death Certificate to the Resident Record, if needed based on discharge circumstances. The new Resident Record Discharge Checklist was implemented on 7-26-2025. In addition to the Resident Record Discharge Checklist, the facility has created a new 48-hour Discharge or Incident Report Management Team Meeting Policy. The Administrator will meet with Office Manager, Supervisors, and Facility RN, within 48 hours of any discharge or reporting of a new Incident Report to the Department. The Management Team will discuss the details of the Incident Report, confirm the reporting of Incident Report was in a timely matter to the Department, and discuss what can be done to prevent any future Incidents or discharge regarding resident in question. The Management Team will also review the Resident Record Discharge Checklist to determine all the regulatory expectations are met. There will be sign in sheet, and the Office Manager will take notes and minutes on the meeting, which will be documented and will be filed with the Incident Report at facility. The sign in sheet, notes, and minutes of the meeting will be filed according to the Facility Resident Record Policy. All of the Management Team was educated on the new Resident Record Discharge Checklist and the new 48-hour Discharge and Incident Report Management Team Meeting Policy. A copy of the Resident Record Discharge Checklist, a copy of the new 48-hour Discharge and Incident Report Management Team Meeting Policy, a copy of the Staff Training, and a copy of the current Facility Resident Record policy will be provided to the department upon approval of the Plan of Correction.

Proposed Overall Completion Date: 07/30/2025

16c - Written Incident Report (continued)**DIRECTED**

Within one day of receipt of the plan of correction: The administrator or designated staff person shall audit all reportable incidents and conditions to ensure the home has reported the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. ■ 7/30/25

Directed Completion Date: 07/31/2025

Implemented (■ - 07/31/2025)