

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

October 24, 2025

[REDACTED], DIRECTOR CLINICAL SERVICES
MON-YOUGH COMMUNITY SERVICES INC
[REDACTED]
[REDACTED]

RE: UPMC WESTERN BEHAVIORAL
HEALTH AT MON YOUGH
624 LYSLE BLVD.
MCKEESPORT, PA, 15132
LICENSE/COC#: 43003

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2025 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: *UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH* License #: *43003* License Expiration: *09/18/2026*

Address: *624 LYSLE BLVD., MCKEESPORT, PA 15132*

County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MON-YOUGH COMMUNITY SERVICES INC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>C-2 LP</i>	Date: <i>03/28/2001</i>	Issued By: <i>L&I</i>
Type: <i>I-2</i>	Date: <i>06/25/0199</i>	Issued By: <i>City of McKeesport</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal* Exit Conference Date: *10/06/2025*

Inspection Dates and Department Representative

10/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *24*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
--------------------	-------	-----------	-------------------

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>24</i>	Are 60 Years of Age or Older: <i>14</i>
Diagnosed with Mental Illness: <i>24</i>	Diagnosed with Intellectual Disability: <i>6</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

10/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2025*

Inspections / Reviews (*continued*)

10/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/20/2025

10/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive required annual training for the 2024 training year to include:

(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Plan of Correction

Accept ([REDACTED] - 10/15/2025)

Supervisors reviewed regulation 2600 65.f on 10/8/25, documentation of training has been completed. Supervisors will adhere to annual staff training calendar/checklist to ensure all required yearly trainings are completed. Supervisors created a calendar/checklist that will be implemented moving forward. If staff are on leave and miss required training, supervisors will keep a log of required training that needs to be completed once a staff member returns from leave. Log sheet has been created and implemented to work flow moving forward. Supervisors will audit staff training to ensure all required training has been completed annually.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented ([REDACTED] - 10/24/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:56 a.m., there was garbage scattered on the bedroom floor underneath the bed in resident room [REDACTED] belonging to resident #1 to include Combos pretzels bites, pistachio nuts in shells, gummy bears, fragments of pretzels, white cheddar cheese crackers, cheese puffs, and various wrappers from bubblegum, tootsie roll chews, and other hard candies.

At approximately 10:46 a.m., what appeared to be feces was smeared on the toilet seat, toilet bowl, and toilet tank in the private bathroom of resident room [REDACTED] belonging to resident #2. Additionally, there were three drops of what appeared to be liquified feces on the floor in front of the toilet.

Plan of Correction

Accept ([REDACTED] - 10/15/2025)

Supervisors and staff reviewed regulation 2600 85.a on 10/8/25 and created a staff sign off for documentation of training. The bedroom and bathroom observed were immediately cleaned on 10/6/25. Hourly room checks are conducted hourly. Supervisors updated the hourly room checklist to include the task that any unsanitary conditions found are to be cleaned immediately. Staff have been trained on the new checklist as of 10/14/25. Weekly primary room checks will be conducted weekly by direct care staff which will include checking all resident bedrooms/bathrooms for sanitary conditions. Which specifies and includes the bedroom floor, under the bed, bathroom, bathroom floor, and toilet. Monthly supervisor site check to be conducted by either the supervisor or assistant supervisor each month, specifies to check each bedroom for sanitary conditions. This also includes the

85a - Sanitary Conditions (continued)

bedroom floor, under the bed, bathroom, bathroom floor, and toilet.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented (█ - 10/24/2025)

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At approximately 9:57 a.m., there was no pillowcase covering the pillow on the bed in resident room █ belonging to resident #1, and the pillow itself was heavily stained with what appeared to be sweat and small drops of blood.

Plan of Correction

Accept (█ - 10/15/2025)

Supervisors and staff reviewed regulation 2600 101.j on 10/8/25, documentation of training has been completed.

Pillow's were immediately disposed of and a new one was given with a clean pillow case already housed in residents bedroom. Weekly primary room checks to be conducted weekly by direct care staff including checking all resident bedrooms for pillows, bed linens and blankets that are to be clean and in good repair. Staff have been trained don new checklist. Monthly supervisor site check to be conducted by either the supervisor or assistant supervisor each month. This includes monitoring sanitary conditions as well as condition of pillows, bed linens and blankets.

Supervisors developed a new checklist of this requirement. Each resident is scheduled to have their clothing and linens washed weekly (and as needed) at which time their linen and pillows will be washed. Should a pillow be visibly soiled it will either be washed or replaced.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented (█ - 10/24/2025)