

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

November 25, 2025

[REDACTED]  
MON-VALE NON ACUTE CARE SERVICES INC  
[REDACTED]

RE: THE RESIDENCE AT HILLTOP  
210 ROUTE 837  
MONONGAHELA, PA, 15063  
LICENSE/COC#: 47488

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2025 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: THE RESIDENCE AT HILLTOP License #: 47488 License Expiration: 04/01/2026  
 Address: 210 ROUTE 837, MONONGAHELA, PA 15063  
 County: WASHINGTON Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MON-VALE NON ACUTE CARE SERVICES INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/01/1998 Issued By: Dept. of Labor & Industry  
 Type: I-1 Date: 05/12/2017 Issued By: Carrol Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/09/2025

**Inspection Dates and Department Representative**

10/09/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 84 Residents Served: 66  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 15  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 22 Have Physical Disability: 1

**Inspections / Reviews**

10/09/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2025

11/14/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/21/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/21/2025

Inspections / Reviews *(continued)*

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

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:

1. Medication self-administration training.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

### Description of Violation

Direct care staff person A, hired [REDACTED], did not receive annual training in the following required training topics during the 2024 training year:

- Medication self-administration
- Care for residents with dementia and cognitive impairments
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- Personal care service needs of the resident.
- Safe management techniques
- Care for residents with mental illness or an intellectual disability - The home currently serves 2 residents with a diagnosis of mental illness and 1 resident with the diagnosis of intellectual disability

### Plan of Correction

Accept [REDACTED] - 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/10/2025 by the Support Service Coordinator (SSC) to set up a training plan to train staff person A with all the missed 2024 annual trainings listed in 2600.65f
2. on 10/30/2025 by the SSC to Staff person A will have all the required trainings completed and will be up to date with all the 2024 annual trainings.

To enhance the currently compliant operations:

1. 10/10-10/30/2025 the SSC and Administrator with staff person A will receive training on all topics specified in 2600.65f. instructed all annual monthly in-services as scheduled and sign the "record of training " sheet" each time as proof [REDACTED] takes the training, with a completion date of 10/30/2025. Documentation of the trainings shall be kept in accordance with 2600.65i.
2. To assure all staff nursing are in compliance with regulation #2600.65f the SSC and Administrator will review the current staff monthly training plan with the staff training spread sheet- on a monthly basis on the last Thursday of each month at the monthly "Quality Management Review Meeting and go over all direct care staff to assure all training in-services are being taken and staff are in compliance, as per the training plan-as per 2600.66 (a-c) and if missed the staff will be added to the make up classes that are done quarterly by the SSC, with a completion date of 12/31/2025. (this will be ongoing and reviewed monthly here on at QMM)

**65f - Training Topics (continued)**

The last Thursday of every month in attendance will be the Administrator and Support Service Coordinator. All minutes will be documented and the QA plan followed as per 2600.26(a-c)

The monthly reviews shall also include ensuring documentation of all topics specified in 2600.65f during each training year. The monthly review shall also include ensuring documentation of all trainings is present in accordance with 2600.65i. Documentation of the monthly reviews shall be kept in the quality management review book kept in the administrators office for review,

1. on 10/30/2025 the SSC and administrator will place Staff person A's all completed trainings in the 2024 training manual- as per regulation 2600.65i this manual is kept in the SSC's office, with a completion date of this is ongoing, All 2025 annual in-services were audited and reviewed to assure staff person A is in compliance, along with all other staff,

Implementation of preventive actions will be overseen by the SSC and Administrator, with an overall completion date of 12/31/2025./On going.

3. The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025 (Last Thursday of the month) and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b- This is kept in the Quality Management Book in the Administrator's office for review, And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 11/25/2025)

**65g - Annual Training Content****2. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

Direct care staff person A, hired [REDACTED] did not receive annual training in any of the required topics in accordance with 2600.65g during training year 2025.

**Plan of Correction**

Accept [REDACTED] 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 10/10/2025 by the Support Service Coordinator (SSC) to set up a training plan to train staff person A with all the missed 2024 annual trainings listed in 2600.65g

**65g - Annual Training Content (continued)**

2. On 10/30/2025 by the SSC to Staff person A will have all the required trainings completed and will be up to date with all the 2024 annual trainings.

To enhance the currently compliant operations:

1. 10/10-10/30/2025 the SSC and Administrator with staff person A will receive training on all topics specified in 2600.65g instructed all annual monthly in-services as scheduled and sign the "record of training " sheet" each time as proof [REDACTED] takes the training, with a completion date of 10/30/2025. Documentation of the trainings shall be kept in accordance with 2600.65i.

2. To assure all Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be in compliance with regulation #2600.65g the SSC and Administrator will review the current staff monthly training plan with the staff training spread sheet- on a monthly basis on the last Thursday of each month at the monthly "Quality Management Review Meeting and go over all Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers to assure all training in-services are being taken and staff are in compliance, as per the training plan-as per 2600.66 (a-c) and if missed the staff will be added to the make up classes that are done quarterly by the SSC, with a completion date of 12/31/2025. (this will be ongoing and reviewed monthly here on at QMM) The last Thursday of every month in attendance will be the Administrator and Support Service Coordinator. All minutes will be documented and the QA plan followed as per 2600.26(a-c)

3. The monthly reviews shall also include ensuring documentation all all topics specified in 2600.65g during each training year. The monthly review shall also include ensuring documentation of all trainings is present in accordance with 2600.65i. Documentation of the monthly reviews shall be kept in the quality management review book kept in the administrators office for review,

4. on 10/30/2025 the SSC and administrator will place Staff person A's all completed trainings 2600.65g in the 2024 training manual- as per regulation 2600.65i this manual is kept in the SSC's office, with a completion date of this is ongoing, All 2025 annual in-services were audited and reviewed to assure staff person A is in compliance, along with all other staff,  
Implementation of preventive actions will be overseen by the SSC and Administrator, with an overall completion date of 12/31/2025./On going.

5. The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025 -(The last Thursday of the month)and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b- This is kept in the Quality Management Book in the Administrator's office for review,  
And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 11/25/2025)

**91 - Telephone Numbers****3. Requirements**

91 - Telephone Numbers (*continued*)

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**

*There were no emergency telephone numbers posted on or by the telephone in several areas of the home, to include:*

- *The telephone on the wall directly outside of the dining room.*
- *The telephone in bedroom [REDACTED]*
- *The telephone in bedroom [REDACTED]*

**Plan of Correction**

Accept [REDACTED] - 11/14/2025)

*In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

1. *By the Administrator and Environmental Service Director to immediately affix the required Emergency Telephone Numbers to the phones that are missing in rm# [REDACTED], [REDACTED] and by the phone on the wall directly outside of the dining room.*
2. *A whole house audit was done and completed during the week following the survey. 10/10/25-10/13/25 ensuring that every phone in the whole facility has the required Emergency Telephone Number affixed by each phone, If one was missing it was affixed*

*To enhance the currently compliant operations:*

1. *. Effective 10/10/25 the ESD immediately in- serviced all housekeeping/environmental service staff on 2600.91 and their role in compliance efforts moving forward, with in-service completed 10/13/2025, The training was added to the annual training book. Documentation of this training is kept in accordance with 2600.65i.*
2. *On 11/01/2025 the ESD added to the "Housekeeping weekly deep clean sign off List" -To assure the Emergency Telephone number list is present and affixed by each phone. When a housekeeper deep cleans each room weekly they will "check off" that they checked the Emergency Telephone List and that it is securely affixed by each phone in the residents apartment and at each phone in the facility. The housekeepers hand in this list with the date they deep cleaned a specific room and sign off on the list . These are turned into the ESD weekly and [REDACTED] audits all areas on the list is taken care of, And the ESD and the Administrator will go over the check off list from the housekeepers weekly "deep clean list" and perform random room audits of five residents rooms weekly x 4 weeks-and monthly x 3 months through 3/2/2026 to maintain ongoing compliance with posting emergency telephone numbers by all phones-for the nearest hospital, police, fire department, ambulance, poison control, local emergency management, personal care home complaint hotline.*
3. *Starting 11/2025-All deficiencies will be corrected immediately, and findings will be documented and reviewed monthly on the last Thursday of each month at the Quality Management Meetings -attended by the Administrator and SSC, All minuets will be documented and the QA plan followed as per 2600.26(a-c), and it will be placed in the Quality management book kept in the Administrators office for review-Next QM meeting is November 26 (due to Thanksgiving being 11/27/25),*
4. *The administrator will assure the staff training and License violations and plans of correction, if applicable are*

**91 - Telephone Numbers (continued)**

reviewed during each months QMM beginning 11/2025 and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b-This is kept in the Quality Management Book in the Administrator's office for review,  
And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] 11/25/2025)

**103d - Storing Food Off Floor****4. Requirements**

2600.  
103.d. Food shall be stored off the floor.

**Description of Violation**

There were eight, 5-gallon jugs of water stored on the floor in the shower room.

**Plan of Correction**

Accept [REDACTED] - 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. Immediately on 10/9/25 ESD placed the eight 5-gallon jugs of water that were stored on the floor in the shower room on 3" platform.

To enhance the currently compliant operations:

1. Effective 10/10/25-10/13/25 the ESD in serviced all housekeepers and ES staff on the components of regulation 2600.103d and their role in compliance efforts moving forward, with an in-service completion date of 10/13/2025. The training was added to the annual training book. Documentation of this training is kept in accordance with 2600.65i.

2. We will keep this on the monthly PM to audit ongoing. This is done the 1st Friday of every month (starting 11/7/2025)

3. Will add to [REDACTED] monthly PM to check the shower room to assure all water jugs are on the appropriate platforms and not on the floor, Starting 10/13/2025 the ESD will conduct audits once a week x 4 weeks then 2x month for 3 months to assure all water jugs are on the platforms and not on the floor. This will be document in [REDACTED] PM monthly check book that is kept in [REDACTED] office, (these will be added to monthly PM checks first Friday of every month.)

4. The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025-(The last Thursday of the month) and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b- This is kept in the Quality Management Book in the Administrator's office for review,  
And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] - 11/25/2025)

## 224a - Preadmission Screen Form

**6. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the preadmission screening was completed on [REDACTED].

**Repeat Violation** [REDACTED]**Plan of Correction**

Accept [REDACTED] - 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 10/10/2025 the Support Service Coordinator was retrained on the Preadmission screening and documentation.
2. On 10/10/2025 a whole facility review of all preadmission screens were done to assure completeness and timeliness. The audit started 10/10/2025 and was completed 10/15/25.

To enhance to currently compliant operations:

1. All new admits prescreens will be reviewed the day before or the morning of admission by the Administrator prior to admission starting 10/16/25 This check will be added to the new admission check off, for review,
2. On 10/16/2025 the SCC and admissions coordinator will be serviced by the administrator on the new admissions check off list and educated on the preadmission screening # 2600.24.a. and how to properly use the new admission check off tool. Documentation of the education and training, date and who presented training will be kept in accordance with 2600.65i,
3. A statement was written and placed along with resident # 4's preadmission screen with clarification of why the date is past 30 days-Corrective action has been implemented to prevent a recurrence, including verification of all pre-admission screening dates prior to admission and ongoing audits, this was done on 10/16/2025
4. Starting 11/2025 on the last Thursday of every month at the quality management meetings as per regulation # 2600.26(b) that months new admission check off list along with each new preadmission screen will be reviewed, to assure the checklist is being used and the preadmission screen is present and in compliance.
5. The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025 and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b-This is kept in the Quality Management Book in the Administrator's office for review,  
And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 11/26/2025

224a Preadmission Screen Form (continued)

Implemented ( [redacted] - 11/25/2025)

225c Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment, dated [redacted], does not include the diagnoses of [redacted] and [redacted] that are indicated on the medical evaluation, dated [redacted]

Plan of Correction

Accept [redacted] - 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/10/2025 by the SSC/Administrator to

- 1. The administrator in serviced the SCC in regulation #.2600.225.c. Documentation of the education and training, date and who presented training will be kept in accordance with 2600.65i.-10/10/2025
- 2.The administrator added a dated addendum with the diagnoses of anemia and dysphasia-that was indicated on the medical evaluation dated 11/18/24.-An audit of [redacted] chart was also done on that date to assure there are no other missing diagnosis that need added.-10/10/2025
- 3. A whole facility review was done from 10/10-10/20/2025 of all additional (annual) assessments to assure completeness and that all diagnosis were correctly added.

To enhance the currently compliant operations:

- 1. On 11/2025 the administrator and SSC will review all additional assessments for the current month at the monthly quality management meetings. (that are done last Thursday of every month) To assure accuracy and completeness, and to assure that there aren't any diagnosis missing. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

- 2. The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025 and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b-This is kept in the Quality Management Book in the Administrator's office for review, And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ( [redacted] - 11/25/2025)

## 227d - Support Plan Medical/Dental

**8. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident [REDACTED] most recent support plan, dated [REDACTED], does not address how the home will meet the resident's needs relating to diagnoses of [REDACTED] and [REDACTED], as indicated on the resident's assessment dated [REDACTED]

**Plan of Correction**

Accept [REDACTED] 11/14/2025)

In response to the violation on 10/09/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/10/2025 by the Administrator to add the missing information:

1. The administrator in serviced the SCC in regulation #2600.227(d) Documentation of the education and training, date and who presented training this training will be kept in accordance with 2600.65i. in the annual training book in the SSC's office.-10/10/2025
2. The support plan of resident #2 was updated-10/10/2025- on how the home will meet the resident's needs relating to diagnoses of hypertension, pseudogout flareup, chronic urine retention, and chronic atrial fibrillation, as indicated on the resident's assessment dated 9/5/25. As per regulation # 2600.227(d)
3. A whole facility review was done from 10/10-10/31/2025 of all support plans to assure completeness and that the residents needs are being met and added correctly on the support plan. This audit was completed 10/31/2025

To enhance the currently compliant operations, on 10/31/2025 the administrator and SSC will review all new and annual support plans at the Quality Management Meeting this will be ongoing.

On 11/2025 the administrator and SSC will review all additional assessments for the current month at the monthly quality management meetings. (The last Thursday of each month.) To assure accuracy and completeness, and to assure that there aren't any areas missing residents needs.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The administrator will assure the staff training and License violations and plans of correction, if applicable are reviewed during each months QMM beginning 11/2025 and continue monthly indefinitely. Documentation of the QMM reviews will be kept and include a review of all items specified in 2600.26b-This is kept in the Quality Management Book in the Administrator's office for review,

And all staff trainings will be documented and kept in accordance to 2600.65i annual training book is kept in the SSC's office for review.

227d Support Plan Medical/Dental (continued)

Effective [ ] the [ ] will perform [ ] [ ] through [ ] to maintain ongoing compliance with [ ] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ( [ ] 11/25/2025)