

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

December 19, 2025

[REDACTED]  
MT. ASSISI PLACE LLC  
[REDACTED]

RE: MT. ASSISI PLACE  
934 FOREST AVENUE  
BELLEVUE, PA, 15202  
LICENSE/COC#: 45020

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2025, 11/04/2025 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: MT. ASSISI PLACE License #: 45020 License Expiration: 04/09/2026  
 Address: 934 FOREST AVENUE, BELLEVUE, PA 15202  
 County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MT. ASSISI PLACE LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/19/2000 Issued By: PA Dept L&I  
 Type: Other Date: 10/09/1981 Issued By: PA Dept L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 11/04/2025

**Inspection Dates and Department Representative**

11/03/2025 - On-Site: [REDACTED]  
 11/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 81 Residents Served: 41  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 12  
 Number of Residents Who:  
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 41  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 11 Have Physical Disability: 3

**Inspections / Reviews**

11/03/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/29/2025

Inspections / Reviews (*continued*)

## 11/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/02/2025

## 12/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2025

## 12/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c4 Payment Responsibility

1. Requirements

- 2600.
- 25.c. At a minimum, the contract must specify the following:
  - 4. The party responsible for payment.

Description of Violation

The resident-home contract, dated [REDACTED] for resident [REDACTED] does not specify the party responsible for payment.

Plan of Correction

Accept [REDACTED] - 12/02/2025)

The resident does not have a POA. At the time of admission, the children of the resident had not decided on who would receive the invoices. After the first 30 days they decided that it would be [REDACTED]. [REDACTED] made arrangements with the business office. [REDACTED] name and email address have been added to the resident contract by the administrator. There have been no issues with payment.

All resident contracts have been reviewed by the administrator and all contracts have the party responsible for payment. Audits of new admission contracts will begin with the next new admission by the administrator. Audits will be conducted monthly by the administrator. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [REDACTED] - 12/19/2025)

51 Criminal Background Check

2. Requirements

- 2600.
- 51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A began working for the home on [REDACTED] However, a Pennsylvania State Police Criminal Background Check was not requested until [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/02/2025)

Staff person A was hired on April 23, 2019 prior to the change in ownership. The previous owner accepted a Federal Criminal History Background check dated January 15, 2019.

The PA State police record check was requested and received prior to the survey exit on November 4, 2025.

Employee has "No Record".

All employee files were reviewed by the administrator for current PA state record checks.

All employee files have criminal background checks. Beginning December 1, 2025, New hire files will be audited for criminal background checks by the administrator on a monthly basis. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [REDACTED] 12/19/2025)

63a First Aid/CPR Training

3. 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.

63a First Aid/CPR Training (continued)

Description of Violation

On [redacted], from 10:30 p.m. 7:00 a.m., approximately 40 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 12/02/2025)

CPR classes have been scheduled for December 9, 2025 at 2pm by Monarch Hospice and on December 10, 2025 at 8am by Commonwealth Hospice. Employees from all three shifts will be scheduled by the administrator to attend one of the classes. The administrator will ensure that at least one staff member has been trained in CPR for each scheduled shift. The administrator is the designated staff person who completes the biweekly schedule for all employees.

The administrator will complete a weekly review of actual staff persons who worked to ensure that at least one staff person has been trained in CPR for all shifts. Weekly review will begin on December 15, 2025.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

65g - Annual Training Content

4. 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.

Description of Violation

Direct care staff person B, hired [redacted] did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the staff training year [redacted]

Plan of Correction

Accept [redacted] - 12/02/2025)

Ross Township fire marshal has confirmed that [redacted] will be in the facility on December 11, 2025, to train staff on fire safety. Alternate trainings will be scheduled for fire safety training depending on which employees do not attend on December 11th.

All staff will be trained in fire safety by the end of December. Record of attendance will be kept and verified by the administrator.

An audit of staff training records will be conducted by the business office manager to ensure that all staff have completed the required training. The audit will be completed by December 31, 2025. Audits of the training records will be completed by the business office manager monthly to ensure that all staff have completed the required training. Monthly auditing will begin January 1, 2026. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

On [redacted] at approximately 11:30 a.m., there was an 8" long x 4" wide hole in the plaster ceiling above the first stall to the right in the shared bathroom on the 3rd floor.

Plan of Correction

Accept [redacted] - 12/02/2025)

The 8 inch by 4 inch hole in the plaster ceiling above the first stall in the shared bathroom on the 3rd floor was repaired by the facility maintenance staff. The hole had been cut in by the electrician. All the shared bathrooms on the 3rd floor were inspected by the maintenance staff and the administrator to ensure that there are no other holes in any of the ceilings.

The maintenance staff will periodically inspect the ceilings.

All staff persons (aides, med techs, nurses, activity staff) will be educated on regulation 2600.88 by the administrator by December 18, 2026. Monthly audits for three months will be conducted by the maintenance person to ensure that there have not been any holes cut into the common bathroom ceiling beginning December 18, 2025. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at approximately 11:47 a.m., the water temperature of the hot water at the bathroom sink in resident room [redacted] on MAC unit only measured [redacted] Fahrenheit after running for approximately five minutes and never got warm to the touch.

On [redacted] at approximately 12:07 p.m., the temperature of the water at the sink in the common bathroom [redacted] Antonia Hall measured [redacted] Fahrenheit.

On [redacted] at approximately 12:15 p.m., the temperature of the water at the bathroom sink in resident room [redacted] Antonia Hall measured [redacted] Fahrenheit.

On [redacted] at approximately 2:17 p.m., the temperature of the water at the sink in the Marian Hall third floor lounge area measured [redacted] Fahrenheit.

On [redacted] at approximately 2:45 p.m., the temperature of the water at the bathroom sink in resident room [redacted] Marian Hall measured [redacted] Fahrenheit.

Plan of Correction

Accept [redacted] 11/26/2025)

Water temperatures in room [redacted] room [redacted] room [redacted] room [redacted] and the MH third floor lounge were adjusted to below 120 degrees F. by the maintenance staff.

All resident room faucets will be tested by the maintenance staff to ensure that all do not exceed 120 degrees F. A record of the temperatures will be kept by the administrator. Random audits of the water temperatures will be conducted weekly for 4 weeks and then monthly by the maintenance staff.

89b - Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] 12/19/2025)

92 - Windows

7. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 12:15 p.m., there was no screen in the operable window in resident room [redacted] Antonia Hall. The screen was found lying outside on the ground.

At approximately 12:20 p.m., the screen for the small window in the stairwell leading from the 3rd floor to the 2nd floor of Antonia Hall was leaning against the brick wall and was not in the window.

Plan of Correction

Accept [redacted] - 12/02/2025)

The window in room [redacted] was not open. The screen was placed back in the window prior to the survey exit on November 4, 2025 by the maintenance staff.

The small window in the back stairwell was not open. The screen had been removed and set up against it because hornets had been building nests on it. The screen was placed back in the window by the maintenance staff.

The maintenance staff and the administrator checked all resident windows for screens. All screens are in place.

Aides, med techs, nurses, activity persons will be educated on regulation 2600.92 by the administrator by December 18, 2025. documentation of education will be kept. The maintenance person will conduct random monthly audits of the windows to ensure that all the windows have screens for 3 months. Monthly auditing will begin on January 1, 2026. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

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

On [redacted] at approximately 12:07 p.m., the escutcheon plate for the Delta single handle water control in the shower stall located on the right side in the common bathroom [redacted] Antonia Hall was not secured to the wall, and the two screws were coming out of the wall.

On [redacted] at approximately 12:15 p.m. the hot water handle at the bathroom sink in resident room [redacted] Antonia Hall was broken causing the hot water side of the faucet not to flow correctly.

On [redacted] at approximately 2:37 p.m., the towel bar under the light switch on the right side of the bathroom in resident room [redacted] Marian Hall was unsecure and coming away from the drywall.

95 - Furniture and Equipment (continued)

On [redacted] at approximately 2:45 p.m., the white plastic toilet handle in the bathroom of resident room [redacted] Marian Hall was cracked and appeared as if it was going to crack off completely.

Plan of Correction

Accept [redacted] - 12/02/2025)

The plate covering for the shower handle was tighten prior to the survey exit on November 4, 2025 by the maintenance staff.

The entire faucet in room [redacted] was replaced by the maintenance staff.

The towel bar in room [redacted] was not unsecure. The shroud on the right side of the towel bar that covers the screws was coming away from the wall. The shroud was tightened to the wall prior to the survey exit on November 4, 2025.

The toilet handle in the bathroom for room [redacted] was replaced prior to survey exit on November 4, 2025 by the maintenance staff.

Housekeeping staff will be trained by the administrator to complete a work order for any furniture or equipment that needs repaired or tightened.

The maintenance staff will sign off on the work order after the repairs have been completed.

Work orders will be reviewed by the administrator. Random monthly audits will be conducted starting January 1, 2026, by the housekeeping director for 3 months to ensure that the furniture and equipment are in good repair.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

130e - Hearing Impairment

9. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident [redacted] is [redacted] and unable to hear the smoke detector or fire alarm system. However, on [redacted] the home did not have a signaling device approved by a fire safety expert to alert the resident in the event of a fire. Resident [redacted] communicated that the signaling device for [redacted] bed broke and [redacted] threw it away.

Plan of Correction

Accept [redacted] - 12/02/2025)

Resident [redacted] is the only hearing-impaired resident living in this facility. A new device that will shake [redacted] bed and also blink a strobe light when the fire alarm or the smoke alarm goes off has been ordered. The fire marshal and the center for hearing and the deaf approved this device for this use.

The maintenance staff will install and test this device as soon as it is delivered.

The resident will be educated on this device by the activity director who uses sign language to communicate with the resident.

The fire marshal will inspect the installed device when [redacted] is in the building on December 11th.

An audit that the device is in place will begin on December 15, 2025 by the activity director. The audits will continue monthly for three months. The device will be assessed during fire drills by the med tech on the unit.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 12/19/2025)

131f - Fire Extinguisher Inspection

10. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On [redacted] at approximately 1:10 p.m., there was no inspection tag indicating the fire extinguisher inside the glass case that houses the white canvas fire hose in the social hall/gym area has been inspected by a fire safety expert.

Plan of Correction

Accept [redacted] 12/02/2025)

All fire extinguishers are inspected and tagged by Cintas every January. The maintenance director contacted Cintas immediately. Cintas was able to verify that extinguisher was inspected and tagged in 2025. On November 5, 2025 Cintas sent their employee out to retag the fire extinguisher. This fire extinguisher as well as all the other extinguishers will be inspected and tagged in January of 2026 according to schedule.

An audit will be conducted by the maintenance person of all the fire extinguishers at the end of January 2026 after Cintas has completed their inspections and have tagged the extinguishers to ensure that all extinguishers have been tagged. The audit will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ([redacted] 12/19/2025)