

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

January 5, 2026

[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 12/04/2025 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:** 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:** Labor and Industry  
**Type:** I 1 **Date:** 05/17/2017 **Issued By:** Carrol Township

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 86 **Waking Staff:** 65

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 12/04/2025

**Inspection Dates and Department Representative**

12/04/2025 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 84		<b>Residents Served:</b> 66	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 15			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 65	
<b>Diagnosed with Mental Illness:</b> 2		<b>Diagnosed with Intellectual Disability:</b> 1	
<b>Have Mobility Need:</b> 20		<b>Have Physical Disability:</b> 1	

**Inspections / Reviews**

12/04/2025 - Partial  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/17/2025

Inspections / Reviews (*continued*)

## 12/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/24/2025

## 12/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/26/2025

## 01/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] does not include an assessment of resident # [redacted] ability to self-administer medications. This section of resident [redacted] medical evaluation is blank.

Plan of Correction

Accept ([redacted] - 12/19/2025)

In response to the violation on 12/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/05/2025 by the SSC to Contact the PCP to update the DME and complete the section of residents ability to self medicate. The residents PCP did return the updated DME on 12/16/2025 with date and initial/sig., indicating resident cannot self-administer medications.

To enhance the currently compliant operations, on 12/08/2025 the Administrator/SSC initiated whole house audits of the residents DME's to assure all areas are filled in accurately- This will be completed 12/22/2025, with a completion date of 12/26/2025.

Effective 12/26/2025 the Administrator/SSC will add to the Quality Management Meetings to review all prior months DME's/assessments/Support Plans on all new residents and annuals that are due.to maintain ongoing compliance. These will be reviewed and audited for accuracy. (This is our ongoing audit - the number we do monthly will vary.) Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of all Quality Management Meeting are kept and include a review of all items specified in 2600.26.b This is kept in the Administrators office for review, with a completion date of 12/26/2025

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented ([redacted] 01/05/2026)

225a - Assessment 15 Days

2. Requirements

2600.

## 225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident [REDACTED]'s medical evaluation, dated [REDACTED], includes diagnoses of [REDACTED], [REDACTED], and [REDACTED]; however, these diagnoses are not indicated on resident [REDACTED] assessment, dated [REDACTED]

Resident [REDACTED] assessment, dated [REDACTED] indicates resident [REDACTED] requires minimal supervision; however, resident [REDACTED] currently wears a wander guard due to exit-seeking behaviors.

**Plan of Correction**

Accept [REDACTED] - 12/19/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

on 12/04/2025 by the Support Service Coordinator to Add and addendum to resident [REDACTED] assessment/support plan dated initially 9/16/2025 with all diagnosis o [REDACTED]

[REDACTED] and [REDACTED]

on 12/04/2025 by the Support Service Coordinator to Add an addendum to resident [REDACTED] assessment/support plan dated initially 9/16/2025 that [REDACTED] does currently wear a wander guard since admission due to family request, they felt with all [REDACTED] previous independence that [REDACTED] may be exit seeking and with cognitive issues they wanted to be safe, resident did not show any signs of exit seeking [REDACTED] did walk around the facility to get acclimated- [REDACTED] require minimal supervision and does perform [REDACTED] own ADL's with very minimal assistance from staff. [REDACTED] has basic decision skills, has no behaviors and is easily redirected, [REDACTED] does go out almost daily with family and friends [REDACTED] belongs to many clubs [REDACTED] does Zumba classes, clogging goes to church weekly and to [REDACTED] sisters and brothers houses almost weekly, [REDACTED] is a retired school teacher and after [REDACTED] retired [REDACTED] volunteered all [REDACTED] time to children and older adults and feels very at home here at The Hilltop. It was [REDACTED] two nieces who wanted [REDACTED] to have the wander guard and Resident # 1 agreed to it. So we have kept it on [REDACTED]

on 12/05/2025 by the ADMINISTRATOR In serviced the Support Service Coordinator (who along with the Administrator does the residents assessments and support plans) on regulation 2600.225.a Documentation of the education and training will be kept in accordance with 2600.65i- The annual training book is kept in the SSC's office for review.

To enhance the currently compliant operations:

Starting 12/8/2025-2/8/2025 the SSC will audit 3 residents assessments weekly to assure that all the appropriate diagnosis are present.

On 12/8/2025 The administrator assessed all 7 residents and any new residents who currently have wander guards for appropriateness and safety and accurate documentation on their assessment/support plan.

On 12/26/2025 will also continue to review at the QMM monthly the last Thursday of the month to check that all diagnosis are present on all newly admitted residents assessments and annual assessment/support plans due for that month. This will be ONGOING.

225a - Assessment 15 Days (continued)

on 12/26/2025 the Administrator/Support Service Coordinator will audit all residents with wander guards and discuss them at the monthly Quality Management Meetings held the last Thursday of every month-we monitor their behaviors and the need to keep the wander guard on, in resident #1 situation we will continue to monitor if [REDACTED] has any behaviors and alert family and see if they want to continue to keep the monitor on prophylactically ,Documentation of all Quality Management Meeting are kept and include a review of all items specified in 2600.26.b This is kept in the Administrators office for review, with a completion date of 12/31/2026. Implementation of preventive actions will be overseen by the Administrator/Support Service Coordinator, with an overall completion date of 12/31/2026./ongoing.

To enhance the currently compliant operations:

1. A completion date of 12/26/2025.
2. A completion date of 12/26/2025.

Implementation of preventive actions will be overseen by the Administrator, with an overall completion date of 12/26/2025.

Proposed Overall Completion Date: 12/26/2025

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/05/2026)

227d - Support Plan Medical/Dental

3. 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] currently wears a wander guard due to exit-seeking behaviors; however, the use of the wander guard is not indicated on resident [REDACTED] support plan, dated [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept ([REDACTED] 12/18/2025)

In response to the violation on 12/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 12/04/2025 by the Administrator to add an addendum to resident #1's support plan under supervision- that [REDACTED] wears a wander guard for safety, due to family request applied on admission. Nurse/med tech, RCA's to check every shift to insure proper function. (resident does not exhibit any exit seeking behaviors, this was a family request).
2. on 12/04/2025 by the Administrator In serviced the Support Service Coordinator (The person who does the

**227d - Support Plan Medical/Dental (continued)**

assessments/support plans at our facility along with the Administrator) on regulation

2600.225a. Documentation of the education and training will be kept in accordance with 2600.65i- The annual training book is kept in the SSC's office for review.

3. On 12/8/2025 The administrator assessed all 7 residents and any new residents who currently have wander guards for appropriateness and safety and accurate documentation on their assessment/support plan.
- 4.

To enhance the currently compliant operations:

1. On 12/8/2025 The administrator assessed all 7 residents and any new residents who currently have wander guards for appropriateness and safety and accurate documentation on their assessment/support plan.
2. on 12/26/2025 the Administrator/Support Service Coordinator will audit all residents with wander guards and will continue to discuss them at the monthly Quality Management Meetings held the last Thursday of every month-we monitor their behaviors and the need to keep the wander guard on, in resident #1 situation we will continue to monitor if [REDACTED] has any behaviors and alert family and see if they want to continue to keep the monitor on prophylactically, Documentation of all Quality Management Meeting are kept and include a review of all items specified in 2600.26.b This is kept in the Administrators office for review,
- 3.

Implementation of preventive actions will be overseen by the Administrator/Support Service Coordinator,

Effective 12/26/2025 the Administrator/Support Service Coordinator will perform audits on the residents with wander guards at the monthly Quality Management Meetings to review all residents with who currently have the wander guard to maintain safety and or even requests from families for ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/05/2026)