

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

September 24, 2026

[REDACTED] PRESIDENT
NASUN INC
1575 GRAND BOULEVARD
MONESSEN,, PA, 15062

RE: HALLSWORTH HOUSE
1575 GRAND BOULEVARD
MONESSEN, PA, 15062
LICENSE/COC#: 42897

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2026 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: HALLSWORTH HOUSE

License #: 42897

License Expiration: 10/26/2026

Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062

County: WESTMORELAND

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: NASUN INC

Address: 1575 GRAND BOULEVARD, MONESSEN,, PA, 15062

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP

Date: 07/10/2020

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 53

Waking Staff: 40

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 02/19/2026

Inspection Dates and Department Representative

02/19/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 38

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 36

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 15

Have Physical Disability: 2

Inspections / Reviews

02/19/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/16/2026

Inspections / Reviews (*continued*)

03/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/03/2026

09/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Bypass Document
Submission

09/24/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home had an interior camera positioned in the hallway and part of resident #1's bedroom could be viewed on a monitor in [REDACTED] the administrator, office.

Plan of Correction

Accept ([REDACTED]) - 04/08/2026)

Corrected on day of inspection. Verified with inspector as to acceptable. A new camera system was recently installed and the camera view in question showed a small area of just inside a residents room. The camera angle was corrected and locked down with a set screw as normal. Only maintenance can readjust with tools, so no accidental changes can be made. Administrator or designee will perform a monthly check of all camera angles to verify images do not encroach into resident privacy area. Beginning 3/31/26 as an immediate check and monthly for 12 months, thereafter with signatures on the form and to be kept on file for verification. Documentation of checks/inspections will be kept.

Licensee's Proposed Overall Completion Date: 03/30/2027

Implemented ([REDACTED]) - 09/24/2026)

85e Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was an approximate 20-feet long by 10-feet wide by 4-feet-high stack of cardboard boxes on the ground outside near the kitchen door.

Plan of Correction

Accept ([REDACTED]) - 04/08/2026)

Cardboard has been removed and will be removed daily from this collection area. Cooks will transfer cardboard to the garbage bin by the end of their shift and on days where large volumes are built, typically Tuesday and Friday, the accumulation of cardboard will be removed by the end of the day through maintenance personnel. Administrator or designee will oversee with a weekly inspection to the area to verify cardboard is not accumulating or being left outside of a covered receptacle. Beginning 3/31/2026, and for the next 12 months, a form will be signed showing a weekly inspection has been completed of the area. Documentation of checks/inspections will be kept.

Licensee's Proposed Overall Completion Date: 03/30/2027

Implemented ([REDACTED]) - 09/24/2026)

105g Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (*continued*)**Description of Violation**

There was an approximate baseball-sized accumulation of lint in the lint trap of the commercial dryer.

Plan of Correction

Directed (████ - 04/08/2026)

Day of inspection the "ball" of lint was removed. Lint container will be inspected/cleaned by the maintenance supervisor/designee based on the manufacturers instructions of 1. Inspect the area surrounding the machine for possible combustible materials, 2. Check the cylinder for foreign objects and 3. clean lint from the lint compartment and screen to maintain proper airflow and avoid overheating. On a monthly basis they will inspect and sign off on the monthly preventative maintenance checklist which includes exhaust duct, blower, lint screen, and thermostat inspection and cleaning/lint removal. Maintenance supervisor/designee will begin 3/31/26. Administrator will create and sign off on a form that checks on completion of maintenance/designee duties both daily and monthly documents, once a month for 12 months to verify compliance. Documentation of checks/inspections will be kept.

Proposed Overall Completion Date: 03/31/2027

Directed:

To reduce the risks of fire hazards, the administrator or designee will remove lint from the lint trap and drum of clothes dryers after each use. By 4/13/26, the administrator or designee will train staff regarding this policy. Documentation will be kept.

████ 4/8/26

Directed Completion Date: 04/13/2026

Implemented (████ - 09/24/2026)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's medication administration policy for controlled substances accountability indicated, "The administer and designee and another staff member are to count the medication when it is delivered to ensure the correct medication, dose and correct amount. When assisting with administration, the number shall be noted on the Controlled Medication Record. Each shifts med staff will count the medication with the oncoming shift to ensure that all medication is accounted for when applicable."

However, on 1/26/26, staff person B indicated on the controlled medication record that resident #2's Alprazolam 0.25mg had 61 tablets instead of 60 as indicated on the prescription bottle. This count was not conducted with another staff member.

On 2/17/26, at 8:00 a.m., staff person B did not note the administration on the controlled medication record for resident #2's Alprazolam 0.25mg.

On 2/19/26, at 8:00 a.m., staff person B indicated on the controlled medication record that resident #2's Alprazolam 0.25mg count was 14 tablets; however, the resident had 15 tablets available in the prescription bottle.

Repeat Violation: 2/19/25

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept ([REDACTED] - 04/08/2026)**

On 2/27/26 a meeting was held with med staff to reinforce the importance of accuracy and to educate on the new counting system being started, also a new policy for counting was introduced.

Our new Medication Administration policy indicates that multiple 2 person controlled substance checks will be performed daily. One will be upon delivery of medication, one will be at the beginning and end of morning shifts, another at the beginning and end of afternoon shifts, and another if medication is administered overnight at the time of administration.

Administrator/designee has instituted a new count form to keep track of what is stored on hand. Administrator/designee has started weekly audits and will continue the weekly audits that will inspect the new forms and to verify counts are accurate compared to those forms for 12 weeks and then convert to a monthly audit of documents for 9 months. Documentation of checks/inspections will be kept.

Licensee's Proposed Overall Completion Date: 03/31/2027

Implemented ([REDACTED] - 09/24/2026)**185b - Medication Procedures****5. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment did not include documentation of the receipt of controlled substances and prescription medications.

Plan of Correction**Accept ([REDACTED] - 04/08/2026)**

Our policy on controlled substances has been altered to include documenting receipt of all deliveries.

On 2/27/26 a staff meeting was held for med staff to address the change in documenting for controlled substances, including deliveries.

Administrator or designee will verify proper completion of counts for deliveries, initially, with a once a week check that inspects all delivery documentation for compliance for 12 weeks and then convert to a monthly check for 9 months. Documentation of checks/inspections will be kept.

185b - Medication Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 03/31/2027

Implemented () - 09/24/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Alprazolam 0.25mg, take 1 tablet by mouth twice a day; Baclofen 10mg, take 1 tablet by mouth three times a day, Losartan 100mg, take 1 tablet by mouth at bedtime, Melatonin 10mg, take 1 tablet by mouth at bedtime, and Warfarin 4mg, take 1 tablet by mouth once daily at bedtime. Resident #2's February 2026 medication administration record (MAR) did not include the initials of the staff person who administered the medications on the following dates and times: 2/5/26, 2/6/26, & 2/10/26 at 8:00 p.m.

Resident #3 is prescribed Calmoseptine Ointment, apply to [REDACTED] twice daily, Diphenhydramine 25mg, take 1 capsule by mouth prior to bedtime. Resident #3's February 2026 MAR did not include the initials of the staff person who administered the medications on 2/10/26 at 8:00 p.m.

Resident #3 is prescribed Sucralfate 1gm, take 1 tablet three times a day. Resident #3's February 2026 MAR did not include the initials of the staff person who administered the medication on the following dates and times: 2/2/26, 2/3/26 at 2:00 p.m., 2/10/26 at 2:00 p.m. & 8:00 p.m., & 2/15/26 at 2:00 p.m.

Plan of Correction

Accept () - 04/08/2026)

All med staff have already had a training session done on 2/27/26 to address failing to properly document administrations.

Administrator or designee will conduct an inspection of all med documentation for all residents once a week for 12 weeks and then once a month for 9 months.

Once a month, during this time, administrator/designee will have a verbal reminder to each individual med staff person to reiterate the proper documenting of administered meds.

Documentation of the weekly and monthly checks will be kept.

Licensee's Proposed Overall Completion Date: 03/31/2027

Implemented () - 09/24/2026)