

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

April 24, 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 03/20/2026 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: 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: 07/20/1998 Issued By: Dept of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 03/20/2026

**Inspection Dates and Department Representative**

03/20/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 84 Residents Served: 68

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 3

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 21 Have Physical Disability: 0

**Inspections / Reviews**

03/20/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/09/2026

04/08/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/23/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/23/2026

Inspections / Reviews *(continued)*

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED], the local Area Agency on Aging investigated an allegation of financial exploitation involving resident [REDACTED] however, this incident was not reported to the Department.

## Plan of Correction

Accept [REDACTED] - 04/08/2026)

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

1. on 03/20/2026 by the Administrator to reported the incident involving a resident investigated by the Area Agency on Aging on 3/2/26 that was not reported to the DHS within the required 24-hour time frame. Immediately upon discovery of this oversight, the Administrator reviewed the incident and ensured appropriate documentation on the Incident reporting form was completed and sent to the DHS.
2. on 03/20/2026 by the Administrator to In serviced and re-educated the Support Service Coordinator and nursing staff that were in duty that day on regulation 2600.16c.

To enhance the currently compliant operations:

1. on 03/20/2026 the Administrator /Support Service Coordinator will Immediately when reported -that any and all outside agency investigations or questions about a resident-a DHS incident report will be submitted with in 24 hours- even if we do not have the full details, the allegation may not be true ,the investigation just started, AAA or Protective Services or law enforcement tells us they are just looking, we will send a " incident report" stating all the information that we have on the situation to the DHS, with a completion date of 3/26/26.
2. on 03/20/2026-03/26/2026 the Administrator/Support Service Coordinator in-serviced and educated management staff, nursing and receptionist on 2600.16c. And instructed them to: 1. As per the outside agency "contact log" (that is signed by every outside agency person who enters our facility) to immediately inform the Administrator and or the Support Service Coordinator and make them aware that a possible investigation, visit or inquiry that has been made or conducted by the Area agency on Aging, Protective Services, Law enforcement, or any outside regulatory agency regarding a resident, with a completion date of 3/26/2026.
3. on 03/26/2026 the Administrator/Support Service Coordinator will keep all Documentation of all training and education on regulation 2600.16 in accordance with 2600.65i- In the annual training book that is kept in the Support Service Coordinators office for review.
4. on 04/23/2026 the Administrator/Support Service Coordinator will On the 4th Thursday of every month at our Quality Management Meeting we will be reviewing regulation 2600.16c -and our on going audit to maintain ongoing compliance. Any deficiencies will be corrected immediately and finding will be documented and reviewed internally for continuous improvement process .Documentation of all Quality Management Meetings are kept and include a review of all items specified in 2600.26b This is kept in the administrators office for review, with a completion date of 04/23/2026.

Implementation of preventive actions will be overseen by the Administrator/Support Service Coordinator, with an overall completion date of 04/23/2026.

## 16c Written Incident Report (continued)

Effective 03/20/2026 the Administrator/ Support Service Coordinator will maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 04/24/2026)

## 183b - Meds and Syringes Locked

## 2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

## Description of Violation

On [REDACTED] 6 at approximately 11:30am, there were numerous medications that were unlocked, unattended, and accessible in resident [REDACTED]'s bedroom to include compound butt paste, skin prep wipes and Nystatin Cream. According to resident [REDACTED]'s assessment, dated [REDACTED] resident [REDACTED] is unable to self administer medications.

## Plan of Correction

Directed [REDACTED] - 04/08/2026)

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

1. on 03/20/2026 by the Administrator to Removed compound butt paste, skin prep wipes and Nystatin Cream from resident #1's room, and returned it to the treatment cart that is located in the wellness center (this room is kept locked).
2. on 03/20/2026 by the Administrator In serviced the Support Service Coordinator and all nursing staff on duty this date 3/20/26 at this time on regulation 2600.183.b.

To enhance the currently compliant operations:

1. on 03/23/2026 the Administrator/Support Service Coordinator in serviced all nursing staff on regulation 2600.183b, In services will be given 3/23/26 3/30/26, with a completion date of 03/30/2026.
2. on 03/30/2026 the Administrator/Support Service Coordinator Placed documentation of the in service and education on regulation 2600.183 b that is kept in accordance with 2600.65i The annual training book is kept in the Support Service Coordinators office for review, with a completion date of 03/30/2026.
3. on 03/20/2026 03/23/2026 the Administrator/Support Service Coordinator initiated a whole house audit of all residents rooms looking for any, prescription medications, OTC medications, CAM and syringes that should not be kept in the resident's room. (If any were found they were immediately removed and placed in the treatment cart under lock.), with a completion date of 03/30/2026.
4. on 04/07/2026 the Administrator/Support Service Coordinator will conduct random audits of residents rooms to ensure medications are not left unsecured. Three resident rooms will be audited weekly for four weeks, followed by three resident rooms audited monthly for two months. Medication storage compliance will then

183b Meds and Syringes Locked (continued)

be incorporated into routine supervisory rounds ,Any identified concerns will be addressed immediately with staff and re education and corrective action will be given as needed, with a completion date of 07/07/2026.  
5. on 04/23/2026 the Administrator/ Support Service Coordinator will On the 4th Thursday of every month at our Quality Management Meeting review regulation 2600.183b and our on going audit to maintain ongoing compliance. Any deficiencies will be corrected immediately and finding will be documented and reviewed internally for continuous improvement process. Documentation of all Quality Management Meetings are kept and include a review of all items specified in 2600.26b This is kept in the administrators office for review, with a completion date of 04/23/2026.

The overall completion date is 07/07/2026.

Effective 04/23/2026 the Administrator/Support Service Coordinator will perform monthly Quality Management Meetings to maintain ongoing compliance On the 4th Thursday of every month at our Quality Management Meeting we will be reviewing regulation 2600.183b and our on going audit to maintain ongoing compliance. Any deficiencies will be corrected immediately and finding will be documented and reviewed internally for continuous improvement process. Documentation of all Quality Management Meetings are kept and include a review of all items specified in 2600.26b This is kept in the administrators office for review. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/07/2026

Directed Completion Date: 04/23/2026

Implemented [REDACTED] 04/24/2026)