

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

June 16, 2026

[REDACTED], AUTHORIZED REPRESENTATIVE  
MOUNTAIN VIEW SENIOR LIVING LLC  
132 NATURE PARK ROAD  
GREENSBURG, PA, 15601

RE: MOUNTAIN VIEW SENIOR LIVING  
132 NATURE PARK ROAD  
GREENSBURG, PA, 15601  
LICENSE/COC#: 45089

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2026, 03/25/2026 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: MOUNTAIN VIEW SENIOR LIVING License #: 45089 License Expiration: 04/02/2027  
 Address: 132 NATURE PARK ROAD, GREENSBURG, PA 15601  
 County: WESTMORELAND Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MOUNTAIN VIEW SENIOR LIVING LLC  
 Address: 132 NATURE PARK ROAD, GREENSBURG, PA, 15601  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 01/01/2003 Issued By: Hempfield Township  
 Type: I-1 Date: 02/09/2007 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/25/2026

**Inspection Dates and Department Representative**

03/24/2026 - On-Site: [REDACTED]  
 03/25/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 130 Residents Served: 64  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 14  
 Number of Residents Who:  
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 63  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 18 Have Physical Disability: 0

**Inspections / Reviews**

03/24/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2026

Inspections / Reviews *(continued)*

05/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2026

06/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/24/26 at 10:54 AM, there was an excessive amount of dust on the ventilation fan in the bathroom located off bedroom #226.

Plan of Correction

Accept ( [redacted] ) - 05/13/2026)

Immediate Action: The maintenance director notified housekeeping on 03/24/26 and the vent was cleaned and taken care of prior to exit of first survey day. The Administrator did verbal education to housekeeping that vents must be cleaned on 03/24/26.

Action Plan: The Administrator will conduct staff education on 05/05/26 with the housekeeping / maintenance staff to ensure all vents are clean and properly maintained. If staff is not available on 05/05/26 they will have until 05/30/26 to make up education. Documentation will be kept

Ongoing Compliance: The Maintenance director or Designee will check all bathroom vents by 05/01/26 to ensure they are clean and maintained. The Maintenance Director will do weekly checks starting on 05/01/26 checks will be 1 x a week x 4 weeks ending on 05/22/26 Documentation will be kept

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ( [redacted] ) - 06/16/2026)

88a - Surfaces

2. Requirements

2600.  
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/24/26 there was an 18" by 18" tile missing from the ceiling by the east exit.

Plan of Correction

Accept ( [redacted] ) - 05/13/2026)

Immediate Action: The Maintenance person immediately put the tile back in place prior to the surveyor exit on 03/24/26. The administrator did verbal education about replacing ceiling tile after completion of any work done to the ceiling.

Action Plan: The Administrator will conduct Staff education with the maintenance department on 05/05/26 to ensure understanding of Regulation 2600.88 and importance of keeping the ceiling in good repair. If staff is unable on 05/05/26 they will have until 05/30/26 to make up education. Documentation shall be kept.

Ongoing Compliance: The Building Director will do a check on all floors to ensure the ceiling tile is in place by 05/01/26. The Building Director will do weekly checks to ensure all ceiling tile is in place weekly starting on 05/01/26, checks will be 1 x a week x 4 weeks ending on 05/22/26

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ( [redacted] ) - 06/16/2026)

131f - Fire Extinguisher Inspection

3. Requirements

131f - Fire Extinguisher Inspection (continued)

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 3/25/26 the fire extinguisher in the home's transportation van was not inspected and approved by a fire safety expert.

Plan of Correction

Accept ( ) - 05/13/2026

Immediate Action: The administrator did verbal education with the maintenance department on 03/25/26 that all fire extinguishers must be checked annually.

Action Plan: The fire extinguisher was checked on 03/26/26. The administrator will conduct staff education with the maintenance department on 05/05/26 if not available will have until 05/30/26 to make up education.

Documentation shall be kept.

Ongoing compliance: The building director will check all fire extinguishers by 05/01/26 in Mountain View to ensure they are in compliance with Regulation Code 2600.131F. The building director will do weekly checks starting on 05/01/26. Check will be 1 x week x 4 weeks ending on 05/22/26 Documentation shall be kept .

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ( ) - 06/16/2026

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was on 3/20/26 at 4:53 AM; however, the previously fire drill conducted during sleeping hours was on 4/25/25 at 4:37 AM.

Plan of Correction

Accept ( ) - 05/13/2026

Immediate Action: The administrator did verbal education on 03/24/26 with the maintenance personnel to ensure understanding on regulation 2600.132e.

Action Plan: The administrator will conduct staff education for the maintenance department on 05/05/26 to ensure understanding of regulation 2600.132 e that a fire drill must be conducted during sleeping hours every 6 months. If the maintenance staff is not available for the education they will have until 05/30/26 to make it up. Documentation shall be kept.

Ongoing compliance: The administrator will check the fire drills monthly to ensure MVSL is in compliance. Check will be monthly x 8 months. Documentation shall be kept

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ( ) - 06/16/2026

183b - Meds and Syringes Locked

5. 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.

183b - Meds and Syringes Locked (continued)

**Description of Violation**

*On 3/24/26 at 12:02 PM, multiple medications were left on a second-floor medication cart to include Bacitracin and Miconazole Nitrate that were prescribed for resident #1. These medications were unlocked and accessible to others.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/13/2026)**

*Immediate Action: The administrator did verbal education on 03/25/26 with the Med-tech on the second floor to ensure they treatment carts are being locked.*

*Action Plan: The administrator will conduct staff education on 05/05/26 with the licensed nurses and Med-techs to ensure they are locking all medication and treatment carts. The administrator will review regulation 2600.183b with med-tech and licensed staff. If staff is unable to attend the 05/05/26 education they will have until 05/30/26 to make up the education. Documentation shall be kept.*

*Ongoing Compliance: The administrator will do cart checks to ensure they are locked. Checks will be done starting 05/01/26 and be 1 x a week x 4 weeks ending on 05/22/26.*

**Licensee's Proposed Overall Completion Date: 05/22/2026**

**Implemented ( [REDACTED] - 06/16/2026)**