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

June 26, 2026

[redacted]
MOUNTAIN VIEW MEMORY CARE LLC
[redacted]

RE: MOUNTAIN VIEW MEMORY CARE
711 ROUTE 119
GREENSBURG, PA, 15601
LICENSE/COC#: 45377

[redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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 MEMORY CARE* **License #**: *45377* **License Expiration**: *05/12/2026*

Address: *711 ROUTE 119, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MOUNTAIN VIEW MEMORY CARE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/13/2006* **Issued By**: *Hempfield TWP*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *96* **Waking Staff**: *72*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *04/09/2026*

Inspection Dates and Department Representative

04/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *48*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *facility* **Capacity**: *80* **Residents Served**: *48*

Hospice

Current Residents: *20*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *19*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *48*

Have Physical Disability: *0*

Inspections / Reviews

04/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/10/2026*

05/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/05/2026*

Inspections / Reviews *(continued)*

06/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42c Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 11:00 am., resident [redacted] was in [redacted] wheelchair in the Coffee Cafe to attend hymn singing. Staff person A observed resident [redacted] trying to stand up from [redacted] wheelchair and went to assist resident [redacted] When staff person A addressed resident [redacted] for assistance, staff person A noticed what appeared to be resident [redacted]s back of nightgown, knotted and tied to the wheelchair's manufacture's tag on the bottom back of the wheelchair, preventing resident [redacted] from standing properly. Staff person A notified the hospice nurse, and the resident was escorted out of Coffee Cafe. Direct care staff person B indicated in interview that [redacted] did dress resident [redacted] that morning with a nightgown, knotted under [redacted] large sweatshirt and placed resident [redacted] into the wheelchair.

On [redacted] at 9:30 am. resident [redacted] was spooning [redacted] food onto a napkin in the dining room. Direct care staff member B approached the resident and asked if he/[redacted] was done eating or needed help. The resident became very agitated and began attempting to stab Direct care staff member B with a spoon. The staff person then took the spoon out of the resident's hand and stated, "I will[redacted] you up". The staff person had to be verbally redirected by staff member C before moving away from the resident.

Plan of Correction ***Accept[redacted] - 05/21/2026)***

Immediate Action: The employee B was terminated from the facility on 04/01/26
Action Plan: The Administrator or Executive Director will conduct education on 05/12/26 for direct care staff to review regulation 2600.42c treatment of residents. If staff is not available for education they will have until 05/31/26 to complete. Documentation shall be kept.
Ongoing Compliance: The Administrator or Executive will interview 2 residents weekly starting on 05/12/26. Resident interview will be 1 x week x 4 weeks ending on 06/02/26.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented[redacted] - 06/26/2026)

141a 1 10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

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] did not indicate if the resident required dementia - related care in a secured area. This section of the form was blank.

Resident [redacted] initial medical evaluation, dated [redacted] did not indicate if the resident has advanced directives or mobility needs. These sections of the form were blank.

Plan of Correction ***Accept [redacted] - 05/21/2026)***

Immediate Action: The Nurse updated the medical evaluations with the required information on 04/09/26
Action Plan: The Administrator or Executive Director will conduct education on 05/12/26 for direct care staff to review regulation 2600.141a Medical Evaluation Information. If staff is not available for education they will have until 05/31/26 to complete. Documentation shall be kept.
The Executive Director or Administrator will review all resident Medical Evaluations by 05/31/26 to ensure compliance of regulation 2600.141a. The Administrator or Executive Director will review all new or annual DME's monthly x 12 months starting May 2026 to ensure compliance with regulation 2600.141a Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented [redacted] - 06/26/2026)