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

August 5, 2026

[redacted], DIRECTOR CLINICAL SERVICES
MON YOUGH COMMUNITY SERVICES INC
[redacted]

RE: UPMC WESTERN BEHAVIORAL
HEALTH AT MON YOUGH
1109 LONG RUN ROAD
WHITE OAK, PA, 15131
LICENSE/COC#: 44747

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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: *UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH* **License #**: *44747* **License Expiration**: *05/18/2027*

Address: *1109 LONG RUN ROAD, WHITE OAK, PA 15131*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *MON YOUGH COMMUNITY SERVICES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/03/2016* **Issued By**: *White Oak Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* **Residents Served**: *17*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* **Are 60 Years of Age or Older**: *15*

Diagnosed with Mental Illness: *17* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

06/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/03/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/23/2026*

Inspections / Reviews *(continued)*

06/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/03/2026*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

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

144c1 - Smoking Area Guidelines

1. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 10:33 am, there were numerous pieces of paper debris and a Styrofoam cup littering the ground around the outside of the smoking area gazebo. There was an empty cigarette carton on the cement pad inside the gazebo.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

On 4/30/26, Program Administrator asked the Direct Care Staff to clean up the debris out of the smoking area immediately following the auditor seeing the violation. Program Administrator informed auditor that the area was clean and offered to show the area again; auditor did not observe the area a 2nd time. On 6/5/26, the Program Administrator updated the current daily checklist to note tasks that are considered "cleanliness/safety" tasks and developed a calendar for daily assignments that lists which staff is responsible for cleanliness tasks on 7-3 and 3-11. The daily checklist includes "Smoking areas: ashtrays emptied, no garbage underneath" and "Yard: litter picked up, cigarette butts picked up." The checklist also has a line added at the bottom for supervisory staff to initial that follow-up has been completed. Program Administrator will re-educate staff on the cleanliness/safety task responsibilities by 7/2/26. Once all staff have been educated, the daily checklist will start, no later than 7/2/26.

Licensee's Proposed Overall Completion Date: *07/02/2026*

Implemented ([redacted] - 08/05/2026)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 has an order for Metoprolol 25 mg tablet indicates take 1 tablet twice daily; however, the medication administration record (MAR) indicates, Metoprolol 25 mg 1 tablet BID.

Resident #1 has an order for Omeprazole 20 mg tablet indicates take 1 tablet twice daily; however, the MAR indicates, Omeprazole 20 mg 1 tablet TID.

Resident #1 has an order for Fluticasone 0.05% mcg Nasal Spray indicates 2 sprays per nostril once daily; however, the MAR indicates, Fluticasone 0.05% mcg Nasal Spray 2 sprays 2 sprays per nostril QD.

Resident #1 has an order for Lorazepam 0.5 mg tablet indicates take 1 tablet three times a day; however, the MAR indicates, Lorazepam 0.5 mg take 1 tablet TID.

Resident #1 has an order for Escitalopram 10 mg tablet indicates take 1 tablet once daily; however, the MAR indicates, Escitalopram 10 mg 1 tablet QD.

187a - Medication Record (continued)

Resident #1 has an order for Gabapentin 100 mg tablet two times a day; however, the MAR indicates, Gabapentin 100 mg 1 tablet BID.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

6/12/26, LRR leadership met with Office of Long-Term Living Program Director and Supervisor regarding this citation. Discussion regarding how the regulation is written and the citation itself did not seem to align. It is LRR Leaderships understanding that since ODP conducts the training, PCH's have to follow the use of plain language on the MARS instead of using Latin abbreviations.

6/5/26, Program Administrator updated the MARS electronic version to plain language.

By 7/2/26, Program Administrator will re-educate all PCH staff that administer medication to use plain language instead of Latin abbreviations for the frequency of medication given.

By 7/31/26, Program Administrator will ensure that all patient's MARS are updated from Latin Abbreviations to plain language.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/05/2026)

187b - Date/Time of Medication Admin.

3. 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 Hydrocortisone Cream 2.0% apply to affected area twice daily. The tube of medication was located in the cart; however, it was not listed on the April MAR. According to staff person A, the nurse, staff have been administering the medication as ordered.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

On 4/30/26, Program supervisor contacted the prescribing physician to verify the medication was still to be administered. Physician instructed supervisor to continue administering the medication cream. Supervisor added the prescription cream details to the MAR. On 5/4/26, [redacted] received instructions to discontinue the cream, and it was removed from the MAR. 6/5/26, Program Administrator updated the monthly cart audit form to include "cart contents". Now reads: Med chart is accurate and matched med history and cart contents. Any issues identified, will be corrected and Supervisors will follow up within 3 days to ensure any issues have been corrected. Program Administrator will re-educate all PCH staff by 7/2/26. Supervisory staff will review MARs monthly to ensure completion. Administrator (certified med trainer) and RN will observe each staff administrating medication by 7/15/26 to ensure proper administration and documentation is being followed. This will be in addition to routine 6-month observations. Monthly chart audit will begin immediately, effective 6/17/26.

Licensee's Proposed Overall Completion Date: *07/15/2026*

187b Date/Time of Medication Admin. *(continued)*

Implemented ([redacted] - 08/05/2026)