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

August 17, 2026

[redacted], CHIEF EXECUTIVE OFFICER
MERCY LIFE CENTER CORPORATION
[redacted]

RE: MERCY BEHAVIORAL HEALTH - MUNHALL MANOR
2514 MAIN STREET
MUNHALL, PA, 15120
LICENSE/COC#: 43473

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2026 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: *MERCY BEHAVIORAL HEALTH - MUNHALL MANOR* **License #**: *43473* **License Expiration**: *07/06/2026*

Address: *2514 MAIN STREET, MUNHALL, PA 15120*

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

Administrator

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

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *R-4* **Date**: *05/15/2008* **Issued By**: *Munhall Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *7* **Waking Staff**: *5*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/13/2026*

Inspection Dates and Department Representative

05/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* **Are 60 Years of Age or Older**: *6*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *1*

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

Inspections / Reviews

05/13/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/27/2026*

06/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/01/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/17/2026*

08/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

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

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors. However, at 10:00am, the date of battery installation was not present on the battery-operated carbon monoxide detector located in the 2nd floor hallway.

At 11:00am, the date of battery installation was not present on the battery-operated carbon monoxide detector located on the basement wall outside of the boiler room.

Plan of Correction ***Accept ([redacted] - 06/29/2026)***

On 6/12/26, the home's PCHA revised the home's Safety and Maintenance Checklist to include the process of dating and initialing the installation of batteries in all carbon monoxide detectors, and that all carbon monoxide detector batteries will be replaced every six months, or more frequently if needed.

On 6/16/26 the home's PCHA replaced all batteries in the home's carbon monoxide detectors. The inside of each carbon monoxide detector was labeled with the date the batteries were installed and the staff's initials.

Beginning 6/24/26 the home's PCHA will review the Safety and Maintenance Checklist for accuracy and compliance monthly.

Completed Safety and Maintenance Checklist forms will be maintained in the PCHA's office.

By 6/25/26 the PCHA will provide education to the home's staff on Regulation 2600.18 to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.18. This education will include instruction on how and when to replace batteries in all carbon monoxide detectors.

Documentation of the staff education, including the date, length of training, instructor, and topics covered, shall be kept in accordance with Regulation 2600.65(j) and maintained in the PCHA's office.

Licensee's Proposed Overall Completion Date: *06/27/2026*

18 Compliance With Laws *(continued)*

Implemented ([redacted] - 08/17/2026)

87 Lighting

2. Requirements

2600.
87. Lighting The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There was no outside lighting at the top of the stairs going down to the basement emergency exit door.

Plan of Correction ***Accept ([redacted] - 06/29/2026)***

Effective immediately, any damaged, missing or hazardous conditions will be reported for repair upon discovery.

On 6/12/26, the home's PCHA revised the home's Safety and Maintenance Checklist to include visual checks that there is working lighting by all exterior doors.

On 6/22/26 the landlord came on site to check all exterior lighting and to plan for the installation of the exterior light at the top of the stairs going down to the basement emergency exit door. On 6/25/26, the light was installed at the top of the stairs going down to the basement emergency exit door.

Beginning 6/24/26 the home's PCHA will review the Safety and Maintenance Checklist for accuracy and compliance monthly.

Completed Safety and Maintenance Checklist forms will be maintained in the supervisor's office.

By 6/25/26 the home's PCHA will provide education to the home's staff on Regulation 2600.87 to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.87. This education will include education on how to report missing, damaged or unsafe items for repair/replacement.

Documentation of the staff education, including the date, length of training, instructor, and topics covered, shall be kept in accordance with Regulation 2600.65(j) and maintained in the PCHA's office.

Licensee's Proposed Overall Completion Date: *06/27/2026*

87 - Lighting *(continued)*

Implemented ([redacted] - 08/17/2026)

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 9:52 am, the hot water temperature at the sink in the bathroom on the 2nd floor measured 126.6 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

On 5 /13/26, the home's boiler was set to 117F to ensure the hot water temperatures in areas accessible to the residents remains below 120F. Beginning 5/14/26 the home's staff will monitor water temperatures daily for 30 days to ensure that all water temperatures remain below 120F. If the temperatures are above 120F degrees, the home will immediately contact the landlord and plumber to correct the issue to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.89.b. This will be documented on the Water Temperature Checklist with the PCHA's initials and the date/time of review and maintained in the supervisor's office.

Long-term monitoring plan: When the home maintains temperatures below 120F consistently for at least 30 days, the monitoring schedule will be adjusted to once a week for long-term monitoring. If water temperatures exceed 120F degrees the home's PCHA will be notified by the staff taking the water temperatures, the monitoring will be increased to daily checks, and the plumber will be contacted if required to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.89b. This will be documented on the Water Temperature Checklist with the PCHA's initials and the date/time of review and maintained in the supervisor's office.

By 6/25/26 the home's PCHA will provide education to the home's staff on Regulation 2600.89.b. to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.89.b. This education will include education on how to report missing, damaged or unsafe items for repair/replacement.

Documentation of the staff education, including the date, length of training, instructor, and topics covered, shall be kept in accordance with Regulation 2600.65(j) and maintained in the PCHA's office.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 08/17/2026)

92 - Windows

4. Requirements

92 - Windows *(continued)*

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 9:52 am, the entire bottom seam of the screen was unattached in the bathroom window in the 2nd floor bathroom.

At 10:20 am, there was a broken screen on the window of bedroom #1. There was black tape holding the screen to the frame around the entire 4 sides of the perimeter, and the screen was falling out of the frame.

At 11:30 am, there was no screen in the window across from the door in bedroom #7.

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

•As of 5/13/26, the windows have been closed and secured and checked by the home's staff at least three times a day to ensure they remain closed until repairs are completed in the bathroom window in the 2nd floor bathroom, in bedroom #1 and in bedroom #7. Additionally, bedroom #7 is vacant and the door to that room is locked and inaccessible to anyone except the home's staff. Effective immediately, any damaged, missing or hazardous conditions will be reported for repair upon discovery.

On 6/12/26, the home's PCHA revised the home's Safety and Maintenance Checklist to include visual checks that screens are checked to be in good condition.

On 6/22/26 the landlord came on site to check all window screens in the home, including the new screen in the bathroom window in the 2nd floor bathroom, and a new screen in the window across from the door in bedroom #7. These two window screens will be built and then installed the week of 6/29/26 – 7/3/26. The third screen on the window of bedroom #1 cannot be installed yet until the window frame is repaired. The landlord estimates repairs to the window frame to be completed within 3 – 4 weeks (approximately 7/14/26) and when that work is complete, the window screen will be installed. When this final window screen is installed, the PCHA will send an email to DHS with a photograph of the window screen in place to inform them of the complete installation of all window screens.

Beginning 6/24/26 the home's PCHA will review the Safety and Maintenance Checklist for accuracy and compliance monthly.

Completed Safety and Maintenance Checklist forms will be maintained in the PCHA's office.

92 - Windows (continued)

By 6/25/26 the PCHA will provide education to the home's staff on Regulation 2600.92 to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.92. This education will include instruction on how to report missing, damaged or unsafe items for repair/replacement.

Documentation of the staff education, including the date, length of training, instructor, and topics covered, shall be kept in accordance with Regulation 2600.65(j) and maintained in the PCHA's office.

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 08/17/2026)