

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

September 21, 2026

[REDACTED]
ST. ANNE HOME INC
[REDACTED]
[REDACTED]

RE: VILLA ANGELA AT ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG, PA, 15601
LICENSE/COC#: 42804

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VILLA ANGELA AT ST. ANNE HOME

License #: 42804

License Expiration: 08/15/2026

Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601

County: WESTMORELAND

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ST. ANNE HOME INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 05/21/2026

Inspection Dates and Department Representative

05/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54

Residents Served: 43

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16

Have Physical Disability: 1

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/16/2026

06/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/07/2026

Inspections / Reviews *(continued)*

09/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED]'s most recent assessment and support plan completed on [REDACTED] indicates a personal care need for transferring in out of bed/chair of "an assist of 2" with a plan to meet this need of "transfer into wheelchair for dialysis/meals/therapy". However, multiple staff members indicate that at times resident [REDACTED] requires a 3-person assist.

Resident [REDACTED] most recent resident assessment and support plan completed on [REDACTED], indicates a personal care need for transferring in/out bed/chair of "resident requires assist of one and at times 2 to safely transfer", with a plan to meet the service need of, "staff will provide full assistance for the resident when [REDACTED] transfers. However, on [REDACTED] a 1-person assist was being performed on resident [REDACTED] who became non-weight bearing and fell on top of the staff member performing the 1-person assist.

Plan of Correction

Accept [REDACTED] 06/16/2026)

Administrator or designee will complete an audit of current resident RASPs to determine the transfer status detailed in each. This audit will be completed no later than 06/23/2026.

When the transfer statuses of current residents have been determined, the Administrator or designee will compile them, and they will be added to the "Tour Sheets" to ensure that all Resident Aides are aware of the resident transfer requirements. This will be completed no later than 06/23/2026.

Administrator will also educate all current Resident Aides on the resident transfer requirements and the need to follow the support plan to ensure the safety of residents and staff. This will be completed no later than 07/01/2026.

Please see the attached updated example of our "Tour Sheets" that includes the transfer status of the residents, the RASP Audit Form, and the Resident Transfer Status Education and Acknowledgement Form.

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

Implemented [REDACTED] - 09/21/2026)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Multiple staff members indicate there have been multiple residents who have sheltered in place during multiple fire drills occurring over the last 6 calendar months. The home's standard fire drill evacuation protocol dictates that residents who are either on hospice and/or a 2-person assist shelter in their rooms if they are in their beds at the time of a fire drill being initiated. And if a resident does shelter in place during a fire drill a fire flag is placed on the resident's door that indicates "Need Help". The "Need Help" fire flag is placed on the outside of the sheltered in place

132d Evacuation (continued)

resident's room's door to alert firefighters that there is a resident inside the room that needs evacuated.

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

The fire safety letter written by Michael Fure on February 3, 2026 (see attached) states that on each floor of the home, "(t)he Area of Refuge may be used when there is a fire or simulation in other areas of the building." It is sufficient to evacuate all residents on a floor on which there is no fire or simulation to the Area of Refuge on that floor.

If, however, the fire or simulation is on that floor, the residents must be "moved to the exterior of the building or into the base of Stair Tower A or Stair Tower B." Please see the attached diagrams of each of our three floors and the Areas of Refuge.

Our standard fire drill evacuation protocol will be changed no later than 07/15/2026, to reflect the following alterations:

- No residents will be permitted to shelter in place during fire drills.
- Residents on a floor other than the one with a fire or simulation may be moved to the Area of Refuge on that floor.
- Residents on a floor with a fire or simulation must be moved to the exterior of the building or the base of Stair Tower A or Stair Tower B.

This evacuation protocol will be presented to the President and CEO of St. Anne Home for approval no later than 07/15/2026. If the President and CEO agrees to the proposed changes, it will be implemented prior to the next scheduled fire drill or no later than 07/31/2026.

All current staff will be educated on the changes (if approved) no later than the first fire drill after the President and CEO agrees to the proposed changes or no later than 07/31/2026. Proof of education will be retained by the Administrator or designee.

If the proposed changes to the evacuation protocol result in a fire drill in which the required evacuation time (13 minutes) is not met, the Department will be notified of the reportable incident. The Administrator and Director of Plant Operations will then meet to address where the problems occurred during the simulation so as to prevent future incidents. Potential changes could be:

- moving residents to different floors to balance out the number of residents who require assisted transfers,
- adding scheduled staff to assist in case of simulation or emergency, or
- conducting more frequent simulations to get staff and residents more acclimated to the changes and help reduce overall evacuation times.

When the revised and approved evacuation protocol is approved, it will be submitted to the Department.

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

Implemented [REDACTED] - 09/21/2026)