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

August 26, 2026

[redacted], DIRECTOR OF CLINICAL SERVICES
UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
[redacted]

RE: DOROTHY M. TARTAGLIO HOME
1911 TWELFTH AVENUE
ALTOONA, PA, 16601
LICENSE/COC#: 36031

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2026 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: *DOROTHY M. TARTAGLIO HOME* **License #**: *36031* **License Expiration**: *09/11/2026*

Address: *1911 TWELFTH AVENUE, ALTOONA, PA 16601*

County: *BLAIR* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *11/27/1996* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *08/06/2026*

Inspection Dates and Department Representative

08/06/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* **Residents Served**: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* **Are 60 Years of Age or Older**: *3*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *3*

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

Inspections / Reviews

08/06/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/21/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/28/2026*

08/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 6/6/26, between 4:00PM-5:00PM, Residents #1, #2, and #3 were sitting in the living area. Resident #1 witnessed Resident #2 punch Resident #3 in the head while sitting in the living area. Following this incident, Staff Member A found Resident #3 in [redacted] room when [redacted] did not come to dinner. Resident #3 informed Staff Member A that [redacted] was hit. Staff member A interviewed Resident #1 who witnessed the altercation, as well as Resident #2.

The home completed an incident report, however, this incident was not reported to the local Area Agency on Aging until 8/6/26.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

Established an updated procedure to ensure that any incidents of abuse are being reported according to state regulations. (see attached).
-Staff will examine residents for any injuries and seek medical attention if needed if suspected abuse took place.
-The residence shall immediately report suspected abuse of a resident in accordance with the older Adult Protective Service Act.
-Staff will call 1-800-490-8505 and report the suspected abuse.
-Staff then shall complete the Act 13 form and fax to the Blair County Area on Aging. (Blair Senior Services).
-An unusual incident form will also be completed and sent to the department of Human Services via fax.
-Staff will notify Personal Care Home Manager of Incident
-The Personal Care Home Manager will ensure that all forms are completed and faxed, and all interventions are in place.
-All incident reports for the home will now be kept in a binder in the chart cupboard. The blank Act 13 forms will be kept in said binder.
-See staff training attachment and unusual incident binder attachment

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/26/2026)

101o - Walls, Floors, Ceilings

2. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 8/6/26 at 10:50AM, resident room #5 was missing two ceiling tiles due to a leak. There is also water damage on two other tiles in the same room.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

Corrective Action Taken: The Personal Care Home Manager ensured that the residents health, safety and comfort

101o - Walls, Floors, Ceilings (continued)

were not compromised by submitting a work order to maintenance to immediately replace the ceiling tiles, and the area was inspected to ensure the ceiling was maintained in a safe and sanitary condition.
Preventative Measure: The PCH manager will conduct an inspection of all resident rooms and common areas to identify any missing, damaged or deteriorated ceiling tiles for a period of four weeks. Any identified deficiencies will be corrected promptly.
-Following the initial four week monitoring period, environmental rounds will continue monthly as part of the facility's ongoing quality assurance and preventative maintenance process.
-Maintenance staff will be re-educated regarding routine inspection of ceilings and the requirement to report and correct damaged or missing ceiling tiles immediately.
-Monitoring: The PCH Administrator will conduct weekly environmental rounds for four weeks to verify that ceiling tiles are intact, secure and in good condition. Any identified deficiency will be corrected immediately.
-Following the initial four week monitoring period, environmental rounds will continue monthly as part of the facility's ongoing quality assurance and preventative maintenance process.
-Staff must submit a maintenance request immediately if determining that a ceiling tile need replace or there is a potential environmental hazard.
-Staff will be educated on the importance of proactively maintaining ceilings in residents' bedrooms and alerting maintenance of any issues and if any ceiling tiles would need changed having that done immediately by submitting a work order to maintenance.
See attached check sheets

Licensee's Proposed Overall Completion Date: *08/20/2027*

Implemented ([redacted] - 08/26/2026)

224a - Preadmission Screen Form

3. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]
Resident #5 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

Corrective Action Taken: Upon identification of the deficiency, the PCH manager reviewed the resident record and verified the date of the preadmission screening and admission. The appropriate screening requirements were reviewed, and the facility took corrective action to ensure the residents' current screening information was obtained and maintained in the resident's record, as applicable.
-Preventative Measures: The PCH Administrator and staff responsible for admissions will be re-educated regarding Pennsylvania personal care home admission.
-An admission checklist will be utilized for every new resident. The checklist will include verification of the date of the pre-admission screening before an admission is finalized.
-The PCH manager will audit 100% of new admissions for the next 90 days to verify that the pre-admission screening was completed within the required timeframe.

224a Preadmission Screen Form (continued)

Audit results will be review by the PCH manager. Any identified deficiency will be corrected immediately, and additional staff education will be provided as necessary.

After the initial 90 day monitoring period, compliance will continue through the facility's quarterly audits of the resident's charts and when there is a new admission to the facility.

See attachments.

Licensee's Proposed Overall Completion Date: *08/20/2026*

Implemented ([redacted] - 08/26/2026)