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

August 27, 2026

[redacted], EXECUTIVE DIRECTOR
MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY
[redacted]

RE: MHA ENHANCED PERSONAL CARE HOME
200 SPRING STREET
BENTLEYVILLE, PA, 15314
LICENSE/COC#: 42415

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: *MHA ENHANCED PERSONAL CARE HOME* **License #**: *42415* **License Expiration**: *06/17/2027*

Address: *200 SPRING STREET, BENTLEYVILLE, PA 15314*

County: *WASHINGTON* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/01/2004* **Issued By**: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

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

Reason: *Renewal* **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: *12* **Residents Served**: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *7*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *2*

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

Inspections / Reviews

08/06/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/24/2026*

08/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/27/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/27/2026*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/27/2026*

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 indicates in Section 3.(b) (3) The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery. However, the batteries in the home's carbon monoxide detectors were not dated when replaced.

Plan of Correction ***Accept (- 08/20/2026)***

The batteries in all carbon monoxide detectors were immediately checked and labeled with the date of installation/replacement on August 7, 2026. To prevent recurrence, the home will maintain a carbon monoxide detector inspection log identifying the location of each detector and date the battery was installed/replaced. Batteries will be replaced at least twice a year, at the start and at the end of Daylight Savings Time, or sooner if the detector indicates a low or failing battery and will be dated at the time of replacement. The assistant administrator will review the carbon monoxide detector log monthly for three months and quarterly thereafter to verify continued compliance.

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

Implemented (- 08/27/2026)

85d - Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the home's kitchen was uncovered.

Plan of Correction ***Accept (- 08/20/2026)***

The uncovered trash can in the kitchen was immediately corrected by placing a secure cover on the can on August 6, 2026. During a staff meeting on August 19, 2026, staff were instructed that trash cans located in the kitchen and bathrooms must remain covered when not actively being used. To prevent recurrence, covered trash cans will be included as part of routine site checks. The assistant administrator will conduct and document weekly site inspections for four weeks and monthly thereafter to verify that kitchen and bathroom trash cans remain covered and in good condition.

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

Implemented (- 08/27/2026)

92 - Windows

3. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 Windows *(continued)*

Description of Violation

The handle to open the window in resident room #119 was broken and could not operate the window.

Plan of Correction ***Accept (- 08/20/2026)***

The broken window handle in resident room #119 was replaced on August 10, 2026, and the window was tested to verify that it operates properly. All resident room windows were inspected to identify and additional windows requiring repair. To prevent recurrence, staff will report damaged or malfunctioning windows immediately to the Assistant Administrator and a work order will be initiated. Window condition and operability will be included in the routine site checks. The Assistant Administrator will conduct and document monthly site inspections to verify that resident windows remain operable and in good repair.

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

Implemented (- 08/27/2026)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature of the freezer compartment of the refrigerator/freezer in the home's kitchen measured 10 degrees Fahrenheit.

Plan of Correction ***Accept (- 08/20/2026)***

Upon identification of the elevated freezer temperature, the freezer was immediately adjusted and monitored until a temperature of 0 degrees F was achieved on August 6, 2026. Any food determined to be unsafe was discarded. To prevent recurrence, refrigerator and freezer temperatures will be checked and documented daily by the midnight staff. Staff will immediately notify the Assistant Administrator of any temperature outside the required range so that corrective action can be taken. The Assistant Administrator will review temperature logs weekly for four weeks and monthly thereafter to verify continued compliance.

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

Implemented (- 08/27/2026)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There were four dryer sheets, an accumulation of lint and a purple sock behind the dryer in the laundry room.

Plan of Correction ***Accept (- 08/20/2026)***

The area behind the dryer was immediately cleaned on August , 2026. At the staff meeting on August 19, 2026, staff were instructed that when removing lint from the lint trap, after each use, that the area surrounding and behind the dryer must also be free of lint and combustible materials. To prevent recurrence, the laundry area will be included

105g Lint Removal and Duct Cleaning (continued)

on the home's routine site checks. The Assistant Administrator will inspect the laundry area weekly for four weeks and monthly thereafter.

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

Implemented ([redacted] - 08/27/2026)

123b - Emergency Procedures Posted

6. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At approximately 2:45 p.m., the home's emergency preparedness plan was not posted in a conspicuous and public place in the home. The plan was located in the aides' office.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

A copy of the home's emergency preparedness procedures was immediately placed in a conspicuous and publicly accessible location in the home on August 7, 2026. At the staff meeting on August 19, 2026, staff were informed that the posted emergency procedures must remain readily visible and accessible. To prevent recurrence, verification that emergency procedures are properly posted will be incorporated into the home's routine site checks. The Assistant Administrator will verify the posting monthly.

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

Implemented ([redacted] - 08/27/2026)

132d - Evacuation

7. 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

The home conducted a fire drill on 7/18/25 at 1:00 p.m. with 11 residents present in the home. However, only 19 residents evacuated during this fire drill.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The Assistant Administrator reviewed the 7/18/25 fire drill documentation and the circumstances surrounding the resident who did not evacuate. The resident refused to leave the shower. On August 19, 2026, Program Administrator and Assistant Administrator met with all residents and staff in order to re educate on the requirement that all residents present in the home participate in fire drills and evacuate the building to the designated area in accordance with the home's emergency procedures. To prevent recurrence, if a resident refuses to evacuate during a fire drill, Administrator will schedule for a fire safety expert to meet with all residents and discuss the importance of evacuation during fire drills. The Assistant Administrator will review the documentation following each fire drill to verify that the number of residents present corresponds with the number of residents evacuated and that all residents were successfully accounted for.

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

132d - Evacuation *(continued)*

Implemented (- 08/27/2026)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent sleeping hours fire drill was conducted on 5/17/26 at 2:30 a.m. However, the previous sleeping hours fire drill was conducted on 10/26/25 at 12:10 a.m.

Plan of Correction ***Accept (- 08/20/2026)***

The Assistant Administrator reviewed the home's fire drill schedule on August 7, 2026 and established s tracking system to identify the required due dates for sleeping hours fire drills to ensure that they are conducted at least once every six months. An asterisks was placed next to the line on the log to identify that fire drill must be the sleeping hours drill. The next sleeping hours drill has been scheduled within the regulatory time frame. To prevent recurrence, sleeping hours fire drill due dates will be entered on the home's online calendar with advance reminders to allow the drill to be completed by the six-month deadline. The Assistant Administrator will review the fire drill log monthly to verify that all required drills are completed within the required timeframes.

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

Implemented (- 08/27/2026)

141b1 - Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The annual medical evaluation completed [redacted] for resident #1 did not indicate whether the needs of the resident can be met safely at the Personal Care Home or if the resident is Nursing Facility Clinically Eligible (NFCE). This section was blank.

Plan of Correction ***Accept (- 08/20/2026)***

The annual medical evaluation for resident #1 was immediately returned to the appropriate medical provider for completion of the omitted section addressing whether the resident's needs can be safely met in the Enhanced Personal Care Home. The completed documentation was obtained and placed in the resident's record on August 10, 2026. The Assistant Administrator reviewed current resident annual medical evaluations to ensure their completeness. To prevent recurrence, all annual medical evaluations will be reviewed for completeness by the Assistant Administrator upon receipt and before being filed in the resident record. A monthly audit of resident records will be completed for three months and quarterly thereafter to verify that annual medical evaluations are current and complete.

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

Implemented (- 08/27/2026)

187a - Medication Record

10. Requirements

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

On 1/6/26, resident #2's order for PEG [Polyethylene Glycol] (Miralax) was "changed to every other day." However, at 1:45 p.m., there was an entry on the resident's August 2026 medication administration record that indicates Polyethylene Glycol 3350 – Dissolve 1 capful (17gm) in 4 to 8 ounces of beverage and drink once daily as needed for constipation.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Upon identification of the discrepancy, resident #2's current physician's order was compared with the medication administration record (MAR) and it was corrected on August 6, 2026 to accurately reflect the current physician's order for Polyethylene Glycol. The resident's medication orders and MAR were reviewed to identify any additional discrepancies. To prevent recurrence, all new or changed medication orders will be transcribed onto the MAR and independently verified against the physician's order before implementation. At the staff meeting on August 19, 2026, staff responsible for med administration were re-educated regarding verification of medication orders and MAR accuracy following any medication change. The Assistant Administrator will audit MARS against current physician's orders, weekly for four weeks and monthly thereafter for three months.

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

Implemented ([redacted] - 08/27/2026)