

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

September 14, 2026

[REDACTED]
MERCY LIFE CENTER CORPORATION

[REDACTED]
ATTN: LICENSING/COMPLIANCE
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2026 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:** 07/06/2027
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:** 8 **Waking Staff:** 6

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 08/17/2026

Inspection Dates and Department Representative

08/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 8

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

Inspections / Reviews

08/17/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/03/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/11/2026

Inspections / Reviews (*continued*)

09/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2026

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident [REDACTED] followed resident [REDACTED] around in the home's common living room and groped resident [REDACTED] and [REDACTED]. On [REDACTED] resident [REDACTED] groped resident [REDACTED] s [REDACTED] and [REDACTED] again.

Plan of Correction

Accept [REDACTED] 09/03/2026)

- On 8/11/26 Resident [REDACTED] reported both of these incidents to staff. The home immediately took action and Resident [REDACTED] was discharged from the home on 8/11/26.
- On 8/11/26, all residents were informed that they are to report any issues with other residents or staff to the home's staff or PCHA immediately in order to ensure their safety and for staff and the PCHA to address any concerns promptly.
- Beginning 8/11/26, to prevent further occurrences and to support on-going compliance with Regulation 2600.42.b - Abuse, the home's administrator/Supervisor will assess all residents' safety, staff safety and the safety of the individual resident who is exhibiting behaviors of abuse. The home will assess each individual resident who is exhibiting behaviors of abuse and discuss with the resident and their treatment team members whether the resident is appropriate to continue to be a resident of the home. Upon identification or report of resident-to-resident abuse or inappropriate physical or sexual contact, staff will immediately intervene to ensure resident safety, separate the involved residents as appropriate, notify the administrator/Supervisor, and implement necessary supervision and safety interventions pending further assessment.
- Beginning 8/11/26 Direct Care Staff will document check-ins with residents and any safety concerns, changes, interventions and/or treatment provided on the day of the event. This documentation will be recorded in the electronic medical record (Avatar). The home's administrator will monitor and review Direct Care Staff documentation and enter any missing significant documentation needed and record this review at least twice a month in the electronic medical record (Avatar).
- By 9/3/26, the home's administrator/Supervisors will revise the current resident monitoring and progress tracking process to ensure all staff are documenting in the electronic medical record (Avatar) for on-going monitoring of residents' needs, ongoing care provided, attempts to provide care, assistance, interventions and treatment provided, based on their DME and RASP to ensure the best possible care and support is provided to the residents, to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42.b.
- By 9/3/26 the home's administrator will review the Incident Report Training binder to make sure that all incident reporting requirements and materials for DHS and APS are contained in the binder to ensure the reporting process was adherent to reporting Regulation 2600.18.
- By 9/3/26 the home's administrator will ensure a copy of the Incident Report Training binder is located in the staff office.
- By 9/3/26, the home's administrator/Supervisor will provide a review of Regulation 2600.42b – Abuse: A resident

42b - Abuse (continued)

may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way to ensure that abuse reporting is verbally reported to APS immediately and incident reports are completed to APS and DHS within 24 hours of discovery to prevent future occurrences and to ensure ongoing compliance with Regulation 2600.42.b. All staff were reminded that failure to assist residents is considered neglect. Munhall Manor affirms that residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. All staff are required to respond promptly to resident requests for assistance, and failure to do so will result in corrective action.

- 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 supervisor's office.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/14/2026)

224a - Preadmission Screen Form**2. 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 [REDACTED] was admitted to the home on [REDACTED] however, resident [REDACTED]'s preadmission screening form does not indicate the date the screening was completed or the screening information sources.

Plan of Correction

Accept [REDACTED] - 09/09/2026)

- On 8/25/26, the home obtained the completed preadmission screening with the date of the screening and the screening information sources. This completed preadmission screening was filed in Resident [REDACTED]'s chart.
- On 8/25/26 the home's PCHA and designated staff began auditing all resident charts to ensure preadmission screenings are complete. On 8/25/26, the audit of all resident charts was completed and all preadmission screenings were verified to be complete.
- Beginning 8/25/26 the PCHA will ensure all new admissions have completed preadmission screenings and that the preadmission screening form is copied onto yellow paper before filing it in the resident chart.
- By 9/3/26 all staff will be provided with education of Regulation 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 and on managing chart paperwork and the correct way to file and use a pre-admission screening to ensure quality resident care.
- 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 supervisor's office.

224a Preadmission Screen Form (*continued*)

Licensee's Proposed Overall Completion Date: 09/11/2026

Implemented [REDACTED] - 09/14/2026)