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

November 5, 2026

[redacted], DIRECTOR CLINICAL SERVICES
MON YOUGH COMMUNITY SERVICES INC
[redacted]

RE: UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH
624 LYSLE BLVD
MCKEESPORT, PA, 15132
LICENSE/COC#: 43003

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2026 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: *UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH* **License #**: *43003* **License Expiration**: *09/18/2027*

Address: *624 LYSLE BLVD, MCKEESPORT, PA 15132*

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

Administrator

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

Legal Entity

Name: *MON YOUGH COMMUNITY SERVICES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/24/2001* **Issued By**: *Labor and Industry*

Type: *I-1* **Date**: *06/25/1999* **Issued By**: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *10/06/2026*

Inspection Dates and Department Representative

10/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* **Residents Served**: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *24* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *24* **Diagnosed with Intellectual Disability**: *6*

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

Inspections / Reviews

10/06/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/17/2026*

Inspections / Reviews *(continued)*

10/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/26/2026*

10/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/05/2026*

10/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/05/2026*

11/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2026*

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

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:41am, a thick layer of dirt and dust, including numerous large clumps of dust, covered the entire plastic grill of the Wind Machine box fan, which was present on the floor outside the 2nd floor laundry room.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

On 10/7/26, the fan was cleaned by the supervisor, picture included.
On 10/15/26, Supervisors and staff reviewed regulation 2600 85. (a) Sanitary conditions shall be maintained; training sheet included.
On 10/16/26, the supervisor updated the staff daily checklist to include checking /cleaning fans and vents for dust and sanitary conditions. All staff were notified of the updated daily checklist via email on 10/19/26 and it will be effective 10/20/26.
On 10/16/26, the supervisor updated the Monthly supervisor checklist, which includes checking/cleaning fans and vents for dust and sanitary conditions, effective 10/19/26. Checklist included.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented ([redacted] - 11/05/2026)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:15am, dark brown and black stains were present on numerous ceiling tiles around the exhaust fan in resident #1's private bathroom.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

On 10/6/26, the ceiling tiles were immediately replaced during inspection by maintenance; attached email of work order completed and pictures included.
On 10/15/26, Supervisors and staff reviewed regulation 26000.88.(a) Floors, walls, ceilings, windows, doors and other surfaces must be clean and in good repair and free from hazards; training sheet included.
10/16/26, the supervisor updated the weekly room checklist, which includes checking floors, walls, ceilings, windows, doors and other surfaces to be clean and in good repair/free of hazards. All staff were notified of the updated weekly room checklist via email on 10/19/26. The weekly room checklist will be effective 10/20/26. If staff are able to clean/rectify the repair, they will do so immediately; if unable to clean/rectify the repair, the staff will notify supervisor, submit a maintenance request, and notify all staff via email of the issue, effective 10/20/2026. Supervisor will communicate via email with maintenance team regarding all repair documentation and completion, effective 10/20/26.
On 10/16/26, supervisor updated the Monthly checklist to be conducted by either supervisor or assistant supervisor each month, which specifies checking floors, walls, ceilings, windows, doors, and other surfaces to be clean and in good repair/free of hazards, effective 10/20/26. Checklist included

88a Surfaces *(continued)*

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented ([redacted] - 11/05/2026)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Throughout the duration of the inspection, the home's elevator was inoperative.

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

Supervisor contacted Building manager on 10/5/26 to immediately notify [redacted] of the sticking elevator door. In the meantime, the staircase was used, as per alternative plans, until the elevator could be repaired.
On 10/9/26 an email was sent to the building manager regarding the elevator status. The building manager's response received on 10/9/26 stated a "part was ordered and waiting on its arrival"; email included
On 10/15/26, supervisors and staff reviewed regulation 2600.95 Furniture and equipment furniture and equipment must be in good repair, clean and free of hazards; training sheet included.
On 10/16/26, supervisor updated the Monthly checklist, to be conducted by either supervisor or assistant supervisor each month, specifies to check elevator to be in good repair and working, effective 10/20/26; Checklist included.
Effective 10/20/26, Any elevator issues that arise, the supervisors notify the building manager immediately via phone or email. Supervisors will inform all staff and residents of elevator issues and use the alternative plan in place.

Elevator had an initial inspection on 10/8/26 at that time a part was needed and was ordered. It was repaired on 10/20/26 and is now in working order. Senior Care Building manager utilizes Otis for elevator services. A quality management review was held on 10/19/26 with all supervisors and assistant supervisors; the review included all items specified in 2600.26b and documentation is kept on file for annual review, effective 10/21/26

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented ([redacted] - 11/05/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:10am, there was no operable lamp or other source of lighting that could be turned on/off at resident #1's bedside.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

On 10/6/26, during inspection, the supervisor moved the lamp from the dresser next to the bed and was in working order.
On 10/15/26, Supervisors and staff reviewed regulation 2600 101.(j) Each resident shall have the following in the bedroom: (7) an operable lamp or other source of lighting that can be turned on at bedside; training sheet included.

101j7 - Lighting/Operable Lamp (continued)

On 10/16/26, the supervisor updated the weekly room checklist to include checking that each room has an operable bedside light source at the bedside; Checklist included.
On 10/16/26, the supervisor updated the Monthly supervisor checklist to be conducted by either the supervisor or assistant supervisor each month, specifies to check that each room has an operable bedside light source at bedside; Checklist included, effective 10/20/26.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented ([redacted] - 11/05/2026)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 10:46am, the grab bar attached to the toilet in resident #2's private bathroom was not secured to the toilet and moved freely on both sides.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

On 10/6/26, during the inspection, maintenance immediately tightened the grab bar attached to toilet; work order included.
On 10/15/26, Supervisors and staff reviewed regulation 2600.102.(d) toilet and bath areas must have grab bars, handrails, or assist bars. Bathtubs and showers must have slip resist surfaces; training sheet included.
On 10/16/26, the supervisor updated the weekly room checklist, which includes ensuring bath areas have grab bars, handrails, or assist bars in working order. Specifies if issue is found by staff to clean/rectify, escalate to supervisors, request maintenance involvement through online maintenance portal.
On 10/16/26, the supervisor updated the Monthly supervisor check to be conducted by either supervisor or assistant supervisor each month, specifying bath areas have grab bars, handrails, or assist bars in working order, effective 10/20/26. Checklist included.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented ([redacted] - 11/05/2026)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 11:15am, there were numerous opened and unsealed food items in the cooking kitchen, to include the following items:

- *2 large bowls of salad, which were present in the commercial refrigerator*
- *A 5-pound bag of Quaker grits, which was approximately 1/8 full*
- *A large bag of flat noodles, which was approximately 1/3 full*

103g Storing Food (continued)

- *A large bag of elbow macaroni, which was approximately ½ full*
- *A 5 pound bag of yellow cake mix, which was approximately 1/8 full*

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

On 10/6/26, Contracted kitchen staff through Senior Care Plaza were asked to immediately seal or wrap the food that was not stored properly.
On 10/15/26, Supervisors and staff reviewed regulation 2600.103.(g) Food shall be stored in closed or sealed containers; training sheet included.
On 10/16/26, supervisor notified the building and kitchen manager of the violation, which impacts all contracted kitchen staff
Effective 10/21/26, supervisor will conduct weekly checks of the kitchen during random business hours and days of the week to ensure all food is stored in closed or sealed containers. Supervisor will send email results to the building/kitchen manager of the kitchen walkthrough, effective 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented ([redacted] - 11/05/2026)

132e - Fire Drill Sleeping Hours

7. Requirements

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

Description of Violation

The home held a fire drill during sleeping hours on 5/13/25 at 5:45am; however, the next fire drill during sleeping hours was not held until 11/29/25 at 11:30pm.

Plan of Correction ***Directed ([redacted] - 10/22/2026)***

On 10/15/26, the Supervisors and staff reviewed regulation 2600.132.(e) a fire drill shall be held during sleeping hours once every 6 months; training sheet included.
On 10/16/26, the supervisor updated an annual fire drill calendar to track all drills effective 10/20/26. Calendar included.

Effective 10/21/26, one of the two Supervisors will review the monthly fire drill schedule, determine when required fire drills will be conducted, and review all fire drill records monthly to ensure compliance. Direct care staff will conduct and participate in the fire drills. When a supervisor is present, the Supervisor will initiate the drill by activating the fire alarm. When a supervisor is not present, the Supervisor will designate one direct care staff member to activate the alarm. The individual designated to activate the alarm, whether a supervisor or direct care staff member, will not participate in the drill and will be the only staff member informed in advance of when the drill will occur. This process will ensure that participating staff are not provided with advance notice of the drill.

DIRECTED: Beginning on 10/26/26: The administrator shall review all fire drill documentation monthly to ensure compliance with 2600.132a through 2600.132j. [redacted] 10/22/26

Proposed Overall Completion Date: 10/21/2026

132e - Fire Drill Sleeping Hours *(continued)*

Directed Completion Date: *10/26/2026*

Implemented ([redacted] - 11/05/2026)

141b1 - Annual Medical Evaluation

8. Requirements

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

Description of Violation

Resident #1's most recent medical evaluation, dated [redacted] does not include a determination that resident #1's needs can be met safely at the personal care home. This section of resident #1's medical evaluation is blank.

Resident #2's most recent medical evaluation, dated [redacted], does not include a determination that resident #2's needs can be met safely at the personal care home. This section of resident #2's medical evaluation is blank.

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

On 10/15/26, the Supervisors and staff reviewed regulation 2600.141.(b)(1) a resident shall have a medical evaluation: at least annually; training sheet included.

Resident # 1 is scheduled to see their primary care physician to have the DME corrected on 11/5/26.
Resident # 2 had their DME corrected on 10/9/26 at their primary care physician office.

Effective 10/20/26, A monthly chart audit is conducted for 4-6 residents each month with a rotation among all residents. The monthly chart audit is completed by supervisors/assistant supervisors or trained designated staff members. The chart audit form includes checking the DME for all required information that has been filled out appropriately, form included.
Effective 10/20/26, Supervisors will check DME immediately following completion of a visit, to ensure all required information has been filled out appropriately. If the DME form is not completed in its entirety the supervisor will inform a staff person to request the physician to complete the DME form. Supervisor will follow up with physician's office if the DME form is not completed within 7 days, effective 10/20/26

Proposed Overall Completion Date: 11/05/2026

Licensee's Proposed Overall Completion Date: *11/05/2026*

Implemented ([redacted] - 11/05/2026)

162c - Menus Posted

9. Requirements

2600.

162c - Menus Posted *(continued)*

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus posted in a conspicuous and public place in the home ended on 10/11/26.

Plan of Correction ***Accept (- 10/22/2026)***

On 10/15/26, Supervisors and staff reviewed regulation 2600.162.(c), Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home; training sheet included

Two weeks' worth of menus were posted on 10/8/26 by supervisors after they were obtained by the kitchen manager from senior care plaza. Supervisors inspect the menus on a weekly basis and post them when they are obtained from the senior care kitchen manager, implemented 10/21/26.

On 10/16/26, supervisor notified the building and kitchen manager of the violation and asked to prepare the weekly menus 1 week in advance.
Effective, 10/20/26, Supervisor will send weekly email to building and kitchen manager requesting the menu that will be prepared for 1 week in advance. Upon receipt of the menu, supervisor will post the menu in bulletin boards in the common area so all residents are able to view the menu for the following week, effective 10/20/26. Supervsior will send follow up email to building and kitchen manager, as needed, to receive the menu, effective 10/20/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 11/05/2026)

181c - Self-administration Assessment

10. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 currently self-administers some medications, to include Tirzepatide/Mounjaro-Inject 0.5ml subcutaneously every 7 days; however, resident #2's most recent assessment, dated indicates resident #2 cannot self-administer medications.

Plan of Correction ***Accept (- 10/20/2026)***

On 10/8/26, supervisor received letter from physician's office stating that this particular resident was able to self-administer Mounjaro. On 10/9/26, the supervisor updated the DME and the RASP. DME was signed by physician on 10/9/26.
On 10/15/26, Supervisors and staff reviewed regulation 2600.181.c A resident's assessment shall identify if the

181c Self administration Assessment (continued)

resident is able to self administer medications...etc; training sheet included.
Effective 10/20/26, A monthly chart audit is conducted monthly for 4 6 residents each month, rotation between all residents. The monthly chart audit is completed by supervisors/assistant supervisors or trained designated staff members. The chart audit form includes assessment reflects current physical condition as indicated on the DME/physician documentation. Assessment reflects current psychiatric condition as indicated on DME/physician documentation. Self administration of medication noted and updated as changes occur. Forms included

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented (- 11/05/2026)

187b - Date/Time of Medication Admin.

11. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 currently self administers some medications, to include Tirzepatide/Mounjaro Inject 0.5ml subcutaneously every 7 days; however, direct care staff person A documented the administration of this medication on resident #2's October 2026 and September 2026 medication administration records (MAR's) on 10/5/26, 9/28/26, 9/21/26 and 9/14/26.

Plan of Correction ***Accept (- 10/22/2026)***

On 10/15/26, Supervisors and staff reviewed regulation 2600.187.b information in subsection (a) (13) and (14) shall be recorded at the time the medication is administered; training sheet included.
Effective 10/20/26, Staff members will use the "reason box" to write and indicate in plain language the resident self administered medication by marking "self administered".
On 10/16/26, supervisor updated the Department medication policy to include how staff are to document when a resident self administers a medication; Policy included. Effective 10/20/25, All staff members that assist with medication administration were trained on the new policy, training sheet included
Effective 10/21/26, A monthly chart audit is conducted for 4 6 residents each month with a rotation among all residents. The monthly chart audit is completed by supervisors/assistant supervisors or trained designated staff members. The chart audit form includes checking MAR for accuracy and completion.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 11/05/2026)

225c - Additional Assessment

12. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's most recent assessment, dated does not include the diagnoses of overactive bladder,

225c - Additional Assessment (continued)

constipation, allergies, migraines and vertigo, as indicated on resident #1's most recent medical evaluation, dated [redacted]

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

On 10/7/26, supervisor updated the resident's RASP to include missing diagnosis; RASP included
On 10/15/26, Supervisors and staff reviewed regulation 2600.225.c a resident shall have additional assessments as follows: 1. Annually; training sheet included.
Effective 10/20/26, monthly chart audit is conducted monthly for 4-6 residents each month, rotation between all residents. The monthly chart audit is completed by supervisors/assistant supervisors or trained designated staff members. The chart audit form includes checking the assessment for current physical/psychological conditions as indicated on the DME/physician documentation; Form included. If missing information is found between the two documents it will be immediately updated by the individual that is conducting the chart audit, effective 10/20/26.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented ([redacted] - 11/05/2026)