



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 9, 2025

[REDACTED]
Mt. Assisi Place LLC
[REDACTED]

RE: Mt. Assisi Place
934 Forest Avenue
Bellevue, Pennsylvania 15202
License #: 450200

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 10/29/24, 11/4/24, 11/13/24 and 3/21/24, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *MT. ASSISI PLACE* License #: *45020* License Expiration: *01/16/2025*
Address: *934 FOREST AVENUE, BELLEVUE, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *MT. ASSISI PLACE LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *Labor & Industry*
Type: *Other* Date: *10/09/1981* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *12/13/2024*

Inspection Dates and Department Representative

10/29/2024 - On-Site: [REDACTED]
11/04/2024 - On-Site: [REDACTED]
11/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

10/29/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2025*

01/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/03/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2025*

02/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/03/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/06/2025*

03/27/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/03/2025*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/4/24, a binder labeled "Aide Reports," containing RASPs for all of the residents on [REDACTED], and notes dated 6/2/24 to 11/1/24, regarding multiple residents' conditions, including residents #1 and #2, was unlocked, unattended and accessible on a shelf to the right of the 3rd floor medication room on [REDACTED],

Plan of Correction

Accept [REDACTED] - 01/14/2025)

The binder labeled "Aide Reports" is kept in the nurses station. The binder found on the table outside the nurses station was immediately returned to the shelf in the nurses station.

Resident care staff will be re-educated on the proper storage of resident information and that after the resident care aide has completed [REDACTED] entries in the binder that it must be returned to the shelf in the nurses station.

The med tech for the AH unit will audit weekly for 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [REDACTED] - 03/26/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There was no door on common bathroom 307 and the three individual bathroom stalls inside of the bathroom were not equipped with any type of locking devices.

Plan of Correction

Accept [REDACTED] - 01/29/2025)

There has never been a door on that common bathroom. The doorframe is tight and does not allow wheelchairs to pass through it easily. There are doors/curtains for each individual stall.

A curtain will be installed to provide privacy from the hallway.

All other common bathrooms have doors.

1-20-25 Locks cannot be added to the door in the bathroom. We will put the door back on the entrance to that bathroom. There are only 7 residents on that hall. All are female. Once the door is attached we will put a bedside commode in the resident's room who uses a wheelchair and cannot get through the doorway with a door.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [REDACTED] - 03/26/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 11/4/24 at 10:27 a.m., a spray bottle containing a light-yellow liquid that had a handwritten label indicating "All Purpose Cleaner Disinfectant" was on the bottom shelf of the cabinet to the right of the refrigerator located in the 3rd floor dining room in Antonio Hall.

Plan of Correction

Accept [redacted] - 01/14/2025)

The spray bottle was immediately disposed of. All other kitchen cabinets on the unit were inspected for spray bottles. None were found.

All cleaning supplies will be stored in the locked housekeeping cart or the janitors closet.

Direct care staff and the housekeeping staff will be educated on the safe storage of cleaning supplies by the director of housekeeping and laundry.

Random audits of the cabinets will be conducted weekly for four weeks by the director of housekeeping.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented ([redacted] - 03/26/2025)

87 - Lighting

4. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The marking of an 'EXIT" sign above the double glass doors leading to the enclosed, fenced patio off of the 2nd floor dining room in Marian Hall is unsafe for evacuation because there is no means of egress to a public thoroughfare or the designated meeting place away from the building, as there is no opening in the fence, such as a gate.

Plan of Correction

Directed [redacted] 02/14/2025)

The EXIT sign in the activity room that leads to the outside deck has been there for over 30 years. The designated safe area during a fire is the activity room. The [redacted] was in the building on December 4, 2024 to view and to discuss the surveyors concerns about the sign. [redacted] said that the sign is to be there and cannot be taken down. [redacted] asked that I pass on [redacted] name and phone number.

[redacted] for Ross Township. [redacted]

1-20-25 I called on Friday to further discuss this issue. The patio is on the second floor. A gate cannot be installed without adding ramps and or steps to the ground. The cost for a gate, landing, steps and/or ramps is cost prohibited. The patio is off of the activity room on the second floor. The activity room is the safe area in the event of a fire. There are no other areas or rooms on that level that can be used as a safe area. It is one long hall with stairwells on both ends and one elevator. In the event of a fire the residents are taken to the activity room at the end of the hall. If the residents need evacuated, and the steps cannot be used the firemen want them on the deck. The fire department will rescue them from there. I have attached a hand drawn description of the area to help visualize what I am talking about.

87 - Lighting (continued)

Would a letter from the fire marshal help?
I attached the fire letters that were asked for 132b here.

DIRECTED:

Within 20 days from receipt of the plan of correction - The home may choose from the following two options:
- Removal of the exit sign only with the local building official (not the fire marshal) issuing a new certificate of occupancy, or at minimum, documentation from the local building code official (not the fire marshal) that a new certificate of occupancy isn't required, or;
- The home will construct a means of egress to public thoroughfare from the patio.

Documentation of the option chosen and verification of completion will be submitted to the Department. ---
2/14/25

Proposed Overall Completion Date: 03/06/2025

Directed Completion Date: 03/06/2025

Implemented () - 03/26/2025)

88a - Surfaces

5. 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

On 11/13/24, the rubber stripping between the threshold and the floor was detached and lifted at the left door at the entrance of the "Gathering Place" in Marian Hall's 1st floor dining area, posing a tripping hazard.

Plan of Correction

Accept () - 01/14/2025)

The weather stripping was reglued to the doorframe prior to November 13th.
All other doors were inspected for loose weather stripping. None were found.
Staff will be educated to use the work orders to notify maintenance of loose weatherstrips.
Maintenance will check the weatherstrips on a monthly basis.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented () - 03/26/2025)

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

6. 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

On 11/4/24, there were no grab bars, handrails or assist bars for the toilet and urinal in the men's bathroom located to the right of the main dining room in Marian Hall.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

On 11/13/24, there were no grab bars, handrails or assist bars in the two bathroom stalls on the right in the women's bathroom located to the right of the main dining room in Marian Hall.

Plan of Correction

Accept [redacted] - 01/14/2025)

The grab bars in the men's' room were installed prior to November 13th, 2024. The surveyor verified the bars. The grab bars in the women's room will be installed by maintenance.

There are no other bathrooms without bars.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and drill conducted by a fire safety expert was completed on 8/3/22.

Plan of Correction

Accept [redacted] - 01/14/2025)

The fire safety inspection was completed on November 17, 2023. A fire safety inspection with review of safe areas and evacuation times was completed on December 4, 2024. The departments Fire Evacuation Time/Safe Area Designation form was sent to the fire marshal for use moving forward in addition to the letter he typically sends.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted on 12/20/23 at 5:35 and 4/30/24 at 3:02 do not indicate a.m. or p.m.

Plan of Correction

Accept [redacted] - 01/14/2025)

The maintenance man will indicate am or pm when documenting the fire drills.

The administrator will review the record to ensure that the documentation is complete with am or pm.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

132d - Evacuation

9. 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 does not have a safe evacuation time specified in writing by a fire safety expert completed in the past year. The home exceeded the allowable evacuation time of 2 minutes 30 seconds for the following fire drills:

Date Time Evacuation Time

- 9/29/23 3:13 p.m. - 5 minutes 19 seconds
- 10/25/23 10:17 a.m. - 5 minutes 33 seconds
- 11/20/23 6:02 p.m. - 7 minutes 20 seconds
- 12/20/23 5:35 - 6 minutes 53 seconds
- 1/29/24 1:06 p.m. - 6 minutes 28 seconds
- 2/29/24 5:47 p.m. - 5 minutes 20 seconds
- 3/28/24 10:00 a.m. - 4 minutes 28 seconds
- 4/30/24 3:02 - 6 minutes 20 seconds
- 5/31/24 11:45 a.m. - 5 minutes 15 seconds
- 6/28/24 5:45 a.m. - 6 minutes 53 seconds
- 7/30/24 6:19 p.m. - 6 minutes 59 seconds
- 8/30/24 5:28 p.m. - 5 minutes 14 seconds
- 9/30/24 6:05 p.m. - 5 minutes 30 seconds
- 10/30/24 7:33 a.m. - 6 minutes 0 seconds

Plan of Correction

Accept [redacted] - 01/14/2025)

The evacuation time has always been 7.5 minutes. Every letter from the fire marshal for the past 20 years indicates 7.5 minutes. After the inspection in 2023, the letter sent for our records neglected to include the evacuation time, although the time was not changed. On December 4, 2024 the fire marshal conducted the annual inspection and verified that the evacuation time did not change. The evacuation time has always been and remains 7.5minutes. The administrator will review the letter from the fire marshal every year to ensure that the evacuation time is included.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

132g - Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

All of the fire drills conducted from January 2024 through October 2024 were conducted between the 28th and 31st day of the month, including 1/29, 2/29, 3/28/24, 4/30/24, 5/31/24, 6/28/24, 7/30/24, 8/30/24, 9/30/24, 10/30/24.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept [redacted] - 01/14/2025)

The fire drills were held on different days of the week and at different times of the day and on different shifts. The maintenance man has been instructed to choose a day that is not towards the end of the month. The administrator will ensure that the fire drills are chosen at random and not during the last week of the month.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

181c - Self-administration Assessment

11. 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

On 11/13/24, there was a disposable vial of Restasis 0.05% eye drops, a bottle of Fluticasone 50mcg nasal spray and a Pulmicort 180mcg inhaler in resident #4's bedroom. Resident #4 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept [redacted] - 01/14/2025)

The medication was immediately removed from the residents room. The physician ordered that the resident may administer [redacted] nasal spray and [redacted] inhaler [redacted] and may keep the meds in [redacted] room. [redacted] eye drops will continue to be administered by the staff. All resident rooms were inspected by the director of resident care for medication left in the room. There were no other medications found.

The regional trainer for medication administration will conduct a training for all med techs/nurses on the self administration of medications. Training is tentatively scheduled for January 28th.

Weekly random audits of resident rooms will be conducted by the director of resident care/designee for 4 weeks to ensure compliance with medication in resident rooms.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

182b - Prescription Medication

12. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

182b - Prescription Medication (continued)

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #5 is ordered Liraglutide 18mg/3ML, inject 0.6mg subcutaneously once daily. This medication is GLP-1 agonist medication, not insulin. According to the November 2024 medication administration record (MAR), this medication was administered by non-licensed staff, medication technicians, on the following dates at 8:00 p.m.:

- 11/1/24
- 11/3/24
- 11/4/24
- 11/11/24
- 11/12/24

Plan of Correction

Accept [redacted] - 01/14/2025)

Victoza was discontinued for resident #5. No other residents are ordered GLP-1 medications. Residents will not be admitted to the facility who use these medications, unless they self administer. Med Techs and nurses will be educated regarding the administration of these medications by the regional trainer for medication administration. Training is tentatively scheduled for January 28th.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

184a - Resident's Meds Labeled

13. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #5 is ordered Loperamide 2mg, one capsule after each loose bowel movement, total 3/day. However, the label indicates one capsule after first loose bowel movement, then take two capsules after each loose bowel movement. Max daily dose: 8 doses.

Plan of Correction

Accept [redacted] - 01/14/2025)

Two orders for loperamide had been written one day apart. The medication was sent from the pharmacy with the label instructions from the first order written. A change sticker should have been added to the label to indicate the newer order. The regional director for medication administration will conduct a training for med techs and nurses on the importance of verifying orders and labels. The pharmacy will conduct audits of the medications once a month during cart exchange.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

187a - Medication Record

14. Requirements

187a - Medication Record (continued)

2600.

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

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

Resident #6 is ordered Morphine 20mg/ml concentrate, administer 0.25ml (5mg) every 2 hours as needed. The medication is not included on the November 2024 MAR.

Plan of Correction

Accept [redacted] - 01/14/2025)

The morphine for resident #6 is part of their E-kit for hospice and was not currently being used by the resident. Hospice medications come from a different pharmacy. The physicians order for the morphine was in the resident chart. The order was faxed to our pharmacy and added to the MAR as profile only. All other hospice medications were noted to be on the MAR.

All charts and medications for residents under hospice care were reviewed to ensure that all medication were on the MAR.

The regional trainer will educate the med techs and the nurses on how to document and profile hospice medications.

The director of resident care will review hospice charts to ensure that all medications, those being used and those not being used are profiled on the MAR.

The director of resident care will review new hospice medications or changes to ensure that the medication is profiled on the MAR.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

187b - Date/Time of Medication Admin.

15. Requirements

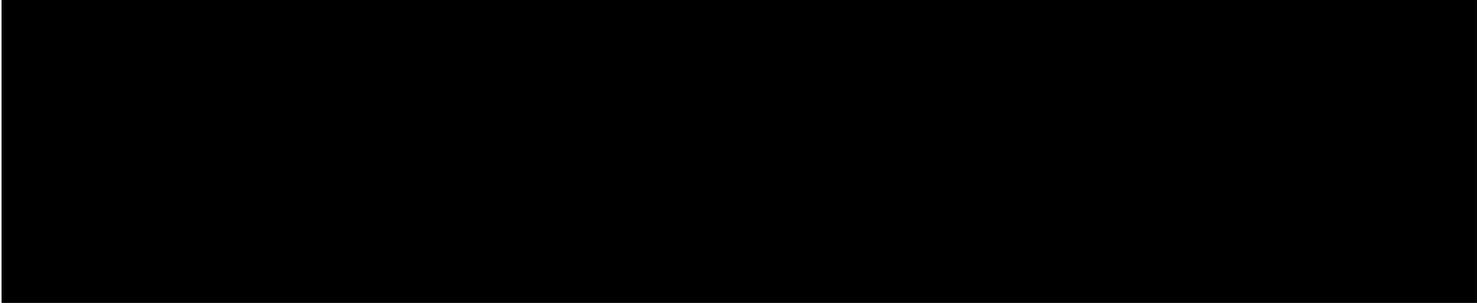
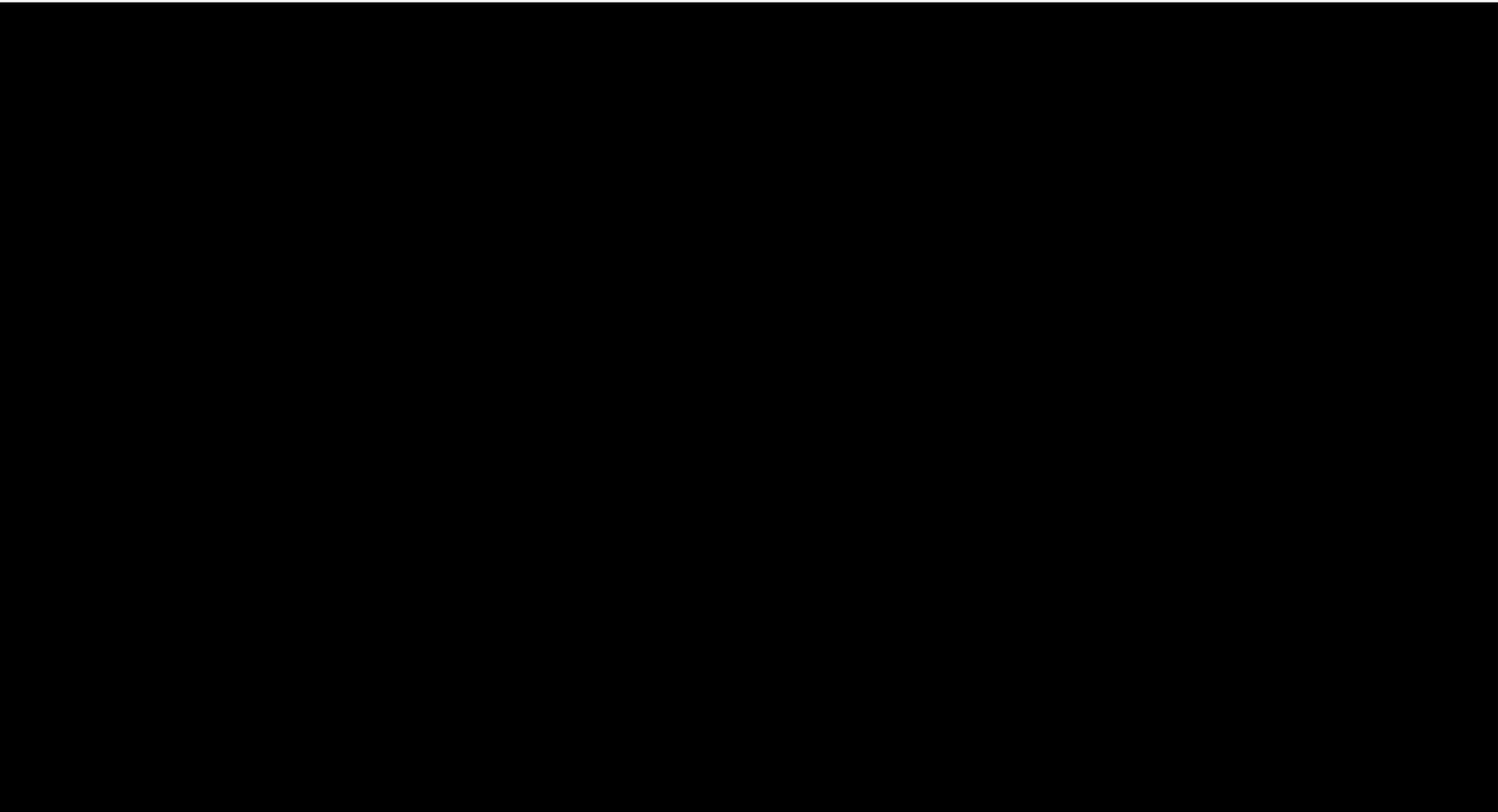
2600.

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

Description of Violation

The October MAR for resident #5 was not initialed by staff on 10/7/24 at 8:00 p.m., for multiple medications, to include the following:

- Atenolol 25mg
- Eliquis 2.5mg
- Glucometer check
- Liraglutide 18mg/3ml
- Rosuvastatin 20mg



251b - Record Entries Legible

16. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #7’s nursing note, dated [redacted]/24, and “standing at the sink rinsing [redacted] teeth” was written over it.

Plan of Correction

Accept [redacted] - 01/14/2025)

It is a policy of this facility that correction fluid may not be used in resident charts.

The med tech regional trainer will educate the med techs and nurses on the proper way to correct an invalid entry in a resident record. Training is tentatively scheduled for January 28th.

Director of resident care will complete random audits of 5 charts weekly for 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/26/2025)

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

Facility Information

Name: *MT. ASSISI PLACE* License #: *45020* License Expiration: *01/16/2025*
Address: *934 FOREST AVENUE, BELLEVUE, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *MT. ASSISI PLACE LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *L&I*
Type: *Other* Date: *10/09/1981* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional, Monitoring* Exit Conference Date: *03/21/2025*

Inspection Dates and Department Representative

03/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents:

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

03/21/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

NO DEFICIENCIES FOUND