

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

August 24, 2025

[REDACTED]
MOUNTAIN VIEW SENIOR LIVING LLC
[REDACTED]

RE: MOUNTAIN VIEW SENIOR LIVING
132 NATURE PARK ROAD
GREENSBURG, PA, 15601
LICENSE/COC#: 45089

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025 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: MOUNTAIN VIEW SENIOR LIVING License #: 45089 License Expiration: 04/02/2026
 Address: 132 NATURE PARK ROAD, GREENSBURG, PA 15601
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: MOUNTAIN VIEW SENIOR LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 01/01/2003 Issued By: Hempfield Township
 Type: I-1 Date: 02/09/2007 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 70 Waking Staff: 53

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/04/2025

Inspection Dates and Department Representative

06/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 54
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

06/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2025

07/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/16/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/30/2025

Inspections / Reviews *(continued)*

08/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/17/2025

08/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at approximately 10:00 p.m., resident [REDACTED] called multiple agencies, including Older Adult Protective Services, to indicate that staff hit resident [REDACTED] back on the bedrail during changing, and also that the home's staff took resident [REDACTED] dinner when the resident fell asleep. Staff of the home were aware that night of resident [REDACTED] complaints. The home did not report this to the Department.

Plan of Correction

Accept [REDACTED] - 08/04/2025)

Immediate Action: The administrator did an investigation upon receiving the information an found that the resident was having flash backs of events from the past and did not feel that it was a reportable incident.

Action Plan: The Administrator did staff Education on 07/01/25 for Med-techs and Nurses in regards how to handle resident one when [REDACTED] refuses meals. Resident meal refusal forms were created for residents who refuse meals and they must sign so that if food/trays are removed from their room their is documentation of refusal. Staff who missed the meeting will have until 7/30/25 to make up information. (documentation shall be kept)

The Administrator will train all staff on 08/05/25 regarding the requirement that the home shall report reportable incidents or conditions to the Department withing 24 hours. If staff is not available for the training they will have until 08/15/25 (documentation shall be kept)

Ongoing Compliance: The Administrator will just report all incidents per education from the DHS surveyor. (documentation shall be kept)

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented ([REDACTED] 08/24/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth twice daily. However, this medication was not administered to resident [REDACTED] on the following dates and times because the medication was not available in the home:

On [REDACTED] at 7:00 a.m. and 7:00 p.m., on [REDACTED] at 7:00 a.m. and 7:00 p.m., on [REDACTED] at 7:00 a.m. and 7:00 p.m., and on [REDACTED] at 7:00 a.m.

Resident [REDACTED] is prescribed [REDACTED] Hour patch, apply 1 patch topically every 72 hours as directed. However, this medication was not administered to resident [REDACTED] on [REDACTED] at 8:00 a.m., because the medication was not available in the home.

Repeat Violation: [REDACTED] et al. & [REDACTED]

187d Follow Prescriber's Orders (continued)

Plan of Correction

Accept ([REDACTED]) - 08/04/2025

Immediate Action: The home Med techs, and Nurses notified Hospice and the Pharmacy to supply medications as per physician orders on 05/09/25.

Action Plan: The Administrator did staff Education for Med techs and Nurses on 7/1/25 to review medication re ordering. Staff will have until 7/30/25 to make up education if they missed meeting. (documentation shall be kept) The Administrator placed a call to Michael from our New Pharmacy on 05/09/25 to review DHS regulations about timely delivery of all medication. The home switched Pharmacies due to this issue. The dates in question was the transitioning period from the old pharmacy to the new Pharmacy.

Ongoing Compliance: The administrator set up an email with Pharmacy on 05/07/25 to be is sent out if there is an issue with medication re ordering. The email was implemented on 05/07/25, however the medication was ordered on 05/09/25 it was still under the old pharmacy. The home was transitioning pharmacies due to the homes old pharmacy not being able to fill medications in a timely manner. These dates were from the previous pharmacy/ transitioning to new pharmacy. The new Pharmacy filled on 5/12/25. The email is set up for better communication from the Pharmacy to the home. The Administrator will review the pharmacy emails that are sent out for medications that are not available starting 7/3/25 weekly x 4 weeks. (Documentation shall be kept)

The Administrator or designated staff person will conduct an audit of physician orders, medications in the home and resident MAR to ensure all prescribed medications are available in the home for administration by 8/15/25.

(documentation shall be kept)

The administrator will continue Medication audits of physician orders, medications in the home and residents MAR weekly x 2 weeks starting on 8/18/25 then Monthly. (documentation shall be kept)

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented ([REDACTED]) - 08/24/2025