pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MVSP OPERATING, LLC.**
LEGAL ENTITY

To operate **MOUNT VERNON OF SOUTH PARK**
NAME OF FACILITY OR AGENCY

Located at **1400 RIGGS ROAD, SOUTH PARK TOWNSHIP, PA 15129**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **47**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 10**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 17,** **2025** until **June 20,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456550**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: December 16, 2025

[redacted]
MVSP Operating, LLC.
717 Duquesne Blvd.
Duquesne, Pennsylvania 15110

RE: Mount Vernon of South Park
License #: 456550

Dear [redacted]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 37 to 47 with the addition of 10 beds in a secured dementia care unit. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

Facility Information

Name: *MOUNT VERNON OF SOUTH PARK* **License #**: *45655* **License Expiration**: *06/20/2026*

Address: *1400 RIGGS ROAD, SOUTH PARK TOWNSHIP, PA 15129*

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

Administrator

Name: [redacted]

Legal Entity

Name: *MVSP OPERATING, LLC.*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/28/1994* **Issued By**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Interim* **Exit Conference Date**: *11/13/2025*

Inspection Dates and Department Representative

11/13/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37* **Residents Served**: *13*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3* **Capacity**: *20* **Residents Served**: *0*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *13*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

11/13/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/01/2025*

11/24/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/09/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/28/2025*

Inspections / Reviews *(continued)*

12/03/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/09/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/09/2025*

12/09/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/09/2025*

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

88a - Surfaces

1. 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

There were no doorknobs present on the bathroom door in bedrooms #34, #36, #37.

REPEAT VIOLATION 6/9/25

Plan of Correction ***Accept [redacted] - 12/03/2025)***

All hardware was installed on the bathroom doors in bedrooms #34, #36, and #37 on 11/24/25.
The administrator has trained the maintenance lead on regulation 88a on 11/25. The training records will be kept in compliance with regulation 65i. The maintenance lead will start a weekly audit for 3 weekly and then monthly for 2 months to ensure compliance with 88a on 11/25 and will be completed by 1/31.

Licensee's Proposed Overall Completion Date: *11/25/2025*

Implemented [redacted] - 12/09/2025)

96a - First Aid Kit

2. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

None of the first aid kits included tweezers.

Plan of Correction ***Accept [redacted] - 12/03/2025)***

Tweezers were placed in each first aid kit on 11/24/25 to meet compliance for 96.a. The administrator will conduct a first aid kit audit monthly for the next three months and annually thereafter during the month of May.
The administrator has trained the RCC requirement 96.a on 11/25/25. The training documentation will be kept in accordance with 65i. The administrator or designee will conduct a first aid kit audit monthly for the next three months and annually thereafter during the month of May.

Licensee's Proposed Overall Completion Date: *11/25/2025*

Implemented [redacted] - 12/09/2025)

102e - Privacy - Doors/Partitions

3. Requirements

2600.
102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Description of Violation

There were no doors or partitions to afford privacy for the two showers next to each other in the secured dementia care unit shower room.

102e - Privacy - Doors/Partitions *(continued)*

Plan of Correction ***Directed [redacted] - 12/03/2025)***

A shower curtain system has been installed in the SDCU multi-shower bathroom, see attached photo. If this is not adequate to cure regulation 102e, The home is Requesting a decrease in capacity of SDCU to 10 persons to accommodate a single shower room.

Proposed Overall Completion Date: 11/25/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall audit all common use bath rooms and showers weekly to ensure resident privacy is maintained and only one resident will use the common shower at a time. Documentation of audits shall be kept. [redacted] 12/3/25

The home has chosen to reduce the additional SDCU capacity to 10 due to a multi-occupant bathroom, curtains are not usually appropriate as privacy screen, as their use would constitute a violation of privacy pursuant to § 2600.42(s).

Directed Completion Date: *12/04/2025*

Implemented [redacted] - 12/09/2025)

121a - Unobstructed Egress

4. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The secured dementia care unit has 5 exit doors, which lead to a secured, fenced-in courtyard. The fence has 2 locked gates which unlock upon a signal from an activated fire alarm system and power failure; however, there is no mechanism to override the locking system by use of a keypad or other lock-releasing device.

REPEAT VIOLATION 6/9/25, 4/29/25

Plan of Correction ***Accept [redacted] - 12/03/2025)***

Key pads to provide a manual override of the secured, fenced-in courtyard were installed and tested on 11/24/25 to provide unobstructed egress per 121a.
The administrator has trained the staff on requirement 121a on 11/25/25. The training documentation will be kept in accordance with 65i. The administrator or designee will conduct a first aid kit audit monthly for the next three months and annually thereafter during the month of May.

Licensee's Proposed Overall Completion Date: *11/25/2025*

Implemented [redacted] 12/09/2025)

131f - Fire Extinguisher Inspection

5. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f - Fire Extinguisher Inspection *(continued)*

Description of Violation

The fire extinguisher located in the physical therapy room did not have the date of inspection on it.

Plan of Correction ***Accept [redacted] - 12/03/2025)***

The first extinguisher located in the physical therapy room was removed the day of the inspection. All fire extinguishers on-site were certified in May 2025 and are located at the locations on the map previously attached. All fire extinguishers were inspected and approved annually by a fire safety expert. This happened in May 2025 and is scheduled to occur in May 2026.

An audit of fire extinguishers per the previously attached map was done in May 2025 by the maintenance lead for compliance to the annual inspection. This audit will happen annually in May by the maintenance lead and the administrator. Documentation will be kept alongside all fire safety equipment certifications.

Licensee's Proposed Overall Completion Date: *11/25/2025*

Implemented [redacted] - 12/09/2025)

132d - Evacuation

6. 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

During the fire drill on 10/28/25 at 4:35 p.m., the home evacuated 10 out of the 11 residents. The home failed to evacuate resident #1 from room #15.

Plan of Correction ***Accept [redacted] - 12/03/2025)***

Resident #1 was moved from room #15 to room #8 which is located in a fire safe area of the home. This will support the future evacuation of all residents. The evacuation of all residents will be monitored during the November fire drill which will be completed by 11/30 by the administrator or designee.

The administrator shall audit the fire drill record monthly to ensure an unannounced fire drill shall be held at least once a month to ensure residents are evacuated from 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.

Licensee's Proposed Overall Completion Date: *11/25/2025*

Implemented [redacted] - 12/09/2025)