

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

December 23, 2024

[REDACTED]  
HERMITAGE AL, LLC  
[REDACTED]  
[REDACTED]

RE: THE ADDISON OF GARDEN WAY  
PLACE  
2400 GARDEN WAY  
HERMITAGE, PA, 16148  
LICENSE/COC#: 45497

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2024 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: *THE ADDISON OF GARDEN WAY PLACE* License #: *45497* License Expiration: *04/30/2025*  
 Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HERMITAGE AL, LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/06/1998* Issued By: *City of Hermitage*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *08/16/2024*

**Inspection Dates and Department Representative**

08/16/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *47* Residents Served: *31*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *15* Have Physical Disability: *0*

**Inspections / Reviews**

08/16/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2024*

10/07/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/25/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2024*

Inspections / Reviews *(continued)*

10/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/25/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/25/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar attached to resident [redacted] bed was uncovered, exposing an area 8" high between the mattress and the top rail support and 12" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept [redacted] - 10/07/2024)

- The Enabler bar for resident [redacted] was removed on [redacted]
- The Executive Director or designee completed and audit of current resident apartments to verify that there are no other enabler bars present. Completed by [redacted]
- The Executive Director or designee will conduct a monthly audit for 3 months of current resident apartments to verify there are no enabler bars present . Started [redacted]
- The Executive Director or Designee will complete an in service on the use of enabler bars and Regulation 2600.81b with the current staff . Completed by [redacted]

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/23/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On Saturday [redacted] at 5:42a.m., resident [redacted] [redacted] was used to measure the [redacted] reading of resident [redacted]

On Sunday [redacted] at 6:09a.m., resident [redacted] [redacted] was used to measure the [redacted] reading of resident [redacted]

On Saturday [redacted] at 5:13a.m., resident [redacted] [redacted] was used to measure a [redacted] reading of resident [redacted]

Plan of Correction

Accept [redacted] - 10/16/2024)

- The Health and Wellness Director will provide an in service with current Med techs on the use of individual [redacted] and reporting to a supervisor if a [redacted] is not available. Completed by [redacted]
- The Health and Wellness Director or Designee will audit weekly for 1 month or until compliancy is met and verify that residents requiring [redacted] checks have their own individual labeled glucometers. Audit will start [redacted] and competed by [redacted].
- The home purchased a new [redacted] on for resident [redacted] on [redacted]
- The Health and Wellness Director notified the doctor of the [redacted] sharing for resident [redacted] and resident [redacted] on [redacted]

Licensee's Proposed Overall Completion Date: 10/31/2024

85a Sanitary Conditions (continued)

Implemented [redacted] - 12/23/2024)

88a Surfaces

3. 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

Multiple sections of concrete are missing from the expansion joint between the sidewalk and concrete pad at the entrance to the building, posing a trip/fall hazard.

An approximate 4' long area of cement at the entrance to the common area from the courtyard has sunk down approximately 1", posing a trip/fall hazard,

Plan of Correction

Accept [redacted] - 10/07/2024)

- Maintenance Director or Designee will audit weekly for one month starting on [redacted] all sidewalks, walkways, courtyard cement for chips, cracks, and trip hazard risks around the community, completed by 10/30/2024.
- Maintenance Director or Designee will hold a Safety Committee meeting with current staff and complete a Inservice by [redacted] about safety around the community.
- Maintenance Director or Designee will have cement quote approved, and work started on or before [redacted] to fix cement in entrance of common area from the courtyard.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [redacted] - 12/23/2024)

103i Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an open but undated bag of frozen hamburger patties in the home's meat freezer.

Plan of Correction

Accept [redacted] - 10/07/2024)

- The Director of Dining or Designee will audit all open food in refrigerator and freezer to check that open items are labeled with an open date starting [redacted] three times weekly and ongoing.
- The Director of Dining or Designee will provide storage training and dating open food per company policy to the dining staff on [redacted]
- The cook on [redacted] discarded the undated bag of frozen hamburger patties.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/23/2024)

171b5 First Aid Kit

5. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's van used to transport residents does not include adhesive tape.

Plan of Correction

Accept (█ - 10/07/2024)

- The Health and Wellness Director or Designee will check each first aid kit in the community for three months weekly starting █ and completed by █.
- The Health and Wellness Director or Designee will provide an Inservice with current staff on the First Aid kit supplies that are required per regulation 2600 171b5. Completed by █
- The Health and Wellness Director added adhesive tape to the first aid kit in the home's van completed by █.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented █ - 12/23/2024)

225a Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident █ assessment, undated, is not on the Department's Assessment Form for Personal Care Homes.

Plan of Correction

Accept █ - 10/07/2024)

- The Health and Wellness Director or Designee removed assessment for resident █ and changed to Department's Assessment form for personal care homes on █.
- The Health and Wellness Director or Designee will audit current community's assessments for the correct form and to verify the form is dated . Any discrepancies will be reported to the Executive Director . starting █ and completed by █ or until completion.
- The Health and Wellness Director will Inservice all staff on RASP's and DME procedures on 09/30/2024.
- The Executive Director with current Director's present will review the audit during the communities' Quality Assurance review completed by █.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented █ - 12/23/2024)

227b Support Plan Content

7. Requirements

227b Support Plan Content (continued)

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department’s support plan form.

Description of Violation

The home’s support plan for resident [REDACTED] does not include any information about his need for an enabler bar.

Plan of Correction

Accept [REDACTED] 10/07/2024)

- The Health and Wellness Director or Designee will reassess resident [REDACTED] for the need of an enabler bar by [REDACTED]
- The Enabler bar for resident [REDACTED] was removed on [REDACTED] with resident and family permission. Resident was educated on regulation 2600.81b and the right size and cover were needed per regulation.
- . The Health and Wellness Director or Designee will audit all community’s assessments for the need of any other residents who might have a need for an enabler bar starting [REDACTED] and completed by [REDACTED].
- The Health and Wellness Director will Inservice current staff on RASP’s/Support Plans procedures on 09/30/2024.
- The Executive Director with current Director’s present will review the audit during the communities’ Quality Assurance review completed by [REDACTED]

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] 12/23/2024)