





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Mailing Date: February 25, 2025

[REDACTED]  
Graceful Care Living South, LLC  
145 Broadlawn Drive  
Elizabeth, Pennsylvania 15037

RE: Graceful Care Living South  
License #: 456280

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 14, 2024, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your **PROVISIONAL** license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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: *GRACEFUL CARE LIVING SOUTH* License #: *456280* License Expiration: *03/31/2025*  
Address: *145 Broadlawn Drive, Elizabeth, PA 15037*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *Graceful Care Living South LLC*  
Address: *145 Broadlawn Drive, Elizabeth, PA, 15037*  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/13/2024* Issued By: *Elizabeth Twp. Temporary Occupancy Certificate*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Announced* BHA Docket #:  
Reason: *New, Change Legal Entity* Exit Conference Date: *11/14/2024*

**Inspection Dates and Department Representative**

11/14/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *0*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

**11/14/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/30/2024*

12/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/19/2024

01/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/16/2025

02/19/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

14a - Fire Safety Approval

1. Requirements

2600.

14.a. Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P. S. § 7210.101—7210.1103) is required.

Description of Violation

On 11/14/24, the home was undergoing multiple renovations and did not have a valid occupancy permit. The original certificate issued by Labor and Industry, dated, 8/22/1986 is no longer valid as the home has a temporary certificate of occupancy, dated 3/13/24, from the local building authority of Elizabeth Township, but a final inspection hasn't been completed for issuance of a valid, non-temporary occupancy permit with use group.

Plan of Correction

Accept [redacted] - 01/02/2025)

The occupancy permit dated 8/22/1986 is valid. The temporary certificate was not necessary to be applied for due to there were no structural renovations performed that would have required a new/updated occupancy permit to be applied for per Elizabeth Township Code Enforcement Officials was verified on 12/3/2024. The occupancy permit issued by Elizabeth Township Code Enforcement on 12/27/2024. Please see the attached documentation.

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

Implemented [redacted] - 02/19/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

On 11/14/24, at approximately 10:16 a.m., the home's kitchen has a gas stove, but the carbon monoxide detector did not have batteries installed, therefore, it was inoperable.

On 11/14/24, at approximately 10:40 a.m., the home's laundry room had 2 commercial gas dryers and there was no carbon monoxide detector in close proximity of, but no less than 15 from, the dryers.

On 11/14/24, at approximately 2:35 p.m. the home's basement area had 1 gas furnace, but the carbon monoxide detector did not have batteries installed, therefore, it was inoperable.

Plan of Correction

Accept [redacted] - 12/12/2024)

Initial audit of the carbon monoxide detectors was performed by administrator [redacted] along with on-site department officials on 11/14/2024. Batteries were installed by administrator [redacted] along with labels adhered to the carbon monoxide detectors on 11/14/2024. On 12/1/2024, contracted maintenance personnel BB installed new carbon monoxide detectors in close proximity of, but not less than 15 feet from the kitchen's gas stove, the home's laundry room and the basement's gas furnace with date of battery installation on labels adhered to the detectors.

**18 - Compliance With Laws (continued)**

Administrator [REDACTED] has implemented a documented monthly checklist on 12/1/2024 of all carbon monoxide detectors to ensure that they are in place and are operable. This checklist also includes documentation that the batteries are to be changed and labeled with the date of battery re-installation every 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 02/19/2025)

**42s - Privacy****3. 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**

On 11/14/24, multiple resident bedrooms with bathrooms, did not have a locking mechanism on the door, to include the following.

Bedroom/bathroom #18, 19, 22,23,24,26,27,28,29 and 30, located in phase 1 hallway area.

Bedroom/bathroom 35,36,37,38,39,40,41,42,44,45,47,48,49,50 and 51, located in phase 2 hallway area.

**Plan of Correction**

Accept [REDACTED] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [REDACTED] along with on-site department officials on 11/14/2024. On 11/30/2024 and on 12/1/2024, contracted maintenance personnel BB replaced all of the bathroom doors within the resident bedrooms with a locking mechanism (per onsite inspectors recommendation) to ensure that all residents have the right to privacy of self and possessions.

Proposed Overall Completion Date: 12/06/2024

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 02/19/2025)

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 11/14/24, the following conditions were observed:

At approximately 10:30 a.m. multiple bathroom toilets contained fecal matter that was embedded in the toilet and urine splatter on the lid and surrounding areas of the commode.

At approximately 2:00 p.m., the hallway ledges in Wing #2 were covered with multiple dead insects and dirt.

At approximately 2:15 p.m., Wing #2's heating/air conditioning grates were filled with dirt and cobwebs measuring 1/2 inch throughout the 4-row panel.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] along with on-site department officials on 11/14/2024. All of the home's bathroom toilets were cleaned and disinfected by contracted housekeepers [redacted] in completion by 11/22/2024. All of the home's hallway handrail ledges were vacuumed and cleaned by contracted housekeepers [redacted] in completion by 11/22/2024. All ventilation grates within the home were dusted and wiped clean by contracted housekeepers [redacted] in completion by 11/22/2024. Administrator [redacted] implemented a documented weekly checklist on 12/1/2024 that sanitary conditions including all of the home's bathrooms, hallway handrail ledges and ventilation grates are in a sanitary condition that is maintained. These weekly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 02/19/2025)

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 11/14/24, the drywall ceiling was cracked and crumbling, falling from the ceiling to the floor of the laundry room.

The threshold strip on the carpeting is not in good repair, posing a tripping hazard, in resident bedroom #24.

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] with on-site department officials on 11/14/2024. On 11/30/2024, contracted maintenance personnel BB repaired the drywall ceiling in the laundry room and replaced the threshold strip in resident bedroom #24. Administrator [redacted] implemented a documented weekly checklist on 12/1/2024 that Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. These weekly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 02/19/2025)

89a - Water Pressure

6. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 11/14/24 the following sinks were not functioning as follows:

At approximately 11:00 a.m. resident bedroom #4 - bathroom sink did not have any water.

89a - Water Pressure (continued)

At approximately 11:10 a.m., resident bedroom #31 - bathroom sink did not have any water.

At approximately 11:15 a.m. resident bedroom #33 - bathroom sink did not have cold water.

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] along with on-site department officials on 11/14/2024. On 11/22/2024, contracted plumber repaired the bathroom sinks in rooms #4, #31, and #33 and ensured that the water was running and at the correct temperatures as regulated by the department. Administrator [redacted] implemented a documented weekly checklist on 12/1/2024 to ensure that all bathrooms within the home must have hot and cold water under pressure. These weekly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] 02/11/2025)

90a - Landline Telephone

7. Requirements

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Description of Violation

On 11/14/24, the home did not have a working, non-coin-operated landline telephone.

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] along with on-site department officials on 11/14/2024. A landline connection was in place during the inspection and the portable docked cordless phones were connected to the landline ports on 11/18/2024 by [redacted] and are operable. Administrator [redacted] implemented a documented weekly checklist on 12/1/2024 to ensure that all landline telephones are connected and are operable. These weekly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 02/19/2025)

92 - Windows

8. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 11/14/24, multiple resident bedroom windows did not have a screen, to include the following.

-Bedrooms 18, 23,25,27,28 and 30, located, in Wing 1.

-Bedrooms 32,33,34,35,36,37,39 and 41, located in Wing 2.

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] along with on-site department officials on 11/14/2024. On 11/25/2024 new screens in the bedroom windows of rooms 18,

92 - Windows (continued)

23,25,27,28,30,32,33,34,35,36,37,39 and 41 were installed and are in place. Administrator [redacted] implemented a documented monthly checklist on 12/1/2024 to ensure that all windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. These monthly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 02/19/2025)

95 - Furniture and Equipment

9. Requirements

2600.

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

Description of Violation

On 11/14/24, the following was observed:

Bathroom toilets located in multiple resident bedrooms were inoperable, to include:

- 34,45 and 48 located in phase 2.
- 4,5,6,11,12,13,14,15 and 16 located in phase 3 of the home.

At approximately 1:15 p.m. the grab bar to the left of the sink was extremely loose in resident bathroom #26.

At approximately 1:25 p.m. the faucet handle came off of the fixture located in resident bathroom #29.

At approximately 1:30 p.m., the knob to flush the toilet in the visitor bathroom in broken off, located in Wing #1 of the home.

Plan of Correction

Accept [redacted] - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator [redacted] along with on-site department officials on 11/14/2024. On 11/22/2024, contracted plumber repaired and made operable all of the listed toilets in this violation. On 11/22/2024, contracted maintenance personnel [redacted] repaired the grab bar in bathroom #26, replaced the faucet handle and fixture in bathroom #29 and replaced the knob to flush the toilet in the visitor bathroom in Wing #1 of the home. Administrator [redacted] implemented a documented weekly checklist on 12/1/2024 to ensure that all bathroom toilets, sinks and fixtures are in good repair, clean and free of hazards. These weekly audits will be performed by administrator [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 02/19/2025)

102c - Tub/Shower - 10 users

10. Requirements

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

102c - Tub/Shower - 10 users (continued)

**Description of Violation**

As of 11/14/24, the home is requesting to serve 91 residents. There are 3 shower rooms in the home with multiple showers. However, the rooms only provide privacy for one resident to use at a time. Therefore, the number of showers is inadequate to serve a capacity of more than 30 residents.

**Plan of Correction**

Directed (██████/17/2025)

An initial audit of the home for sanitary conditions was performed by ██████████ along with on-site department officials on 11/14/2024. The home does have 13 operable bathing units which can serve 130 residents.

The shower room in Wing #1 has 2 showers that are equipped with a curtained changing area post showering to ensure privacy. A curtained partition is to be installed upon receiving and prior to resident admissions to ensure the privacy of the 3rd shower in the Wing #1 shower room. Upon installation of the needed curtained partition on the 2nd shower in Wing #1 shower room, privacy for 3 residents will be able to be utilized at the same time. The shower room in Wing #2 has 6 showering units in which curtained partitions are to be installed upon receiving and prior to resident admissions to ensure the privacy of the residents during utilization of the showering units. The shower room in Wing #3 has 3 bathing units in which curtained partitions are to be installed upon receiving and prior to resident admissions to ensure the privacy of the residents during utilization of these bathing units. ██████████ has implemented a preliminary scheduling bathing system that will also aid in ensuring that the admitted residents with need of staff assistance will have privacy during showering/bathing.

As discussed, a new shower room plan with partitions is attached. This plan will ensure privacy to its users and is sufficient to meet the guidelines of the facility capacity. Please see the attached documentation.

DIRECTED: Within 20 days of receipt of the plan of correction - The home shall install partitions/doors, not curtains, between showers to ensure there is privacy between the currently installed showers and baths, in accordance with 102(e). If these partitions/doors are not installed, the home will not exceed a maximum capacity of 30, in accordance with 2600.13(a) and (b). - ████████ 1/17/25

Directed Completion Date: 02/16/2025

Not Implemented ████████ - 02/19/2025)

103f - Refrigerator/Freezer Temps

**11. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

On 11/14/24, the refrigerator/freezers were not turned on, therefore it was not possible to measure the temperatures.

**Plan of Correction**

Accept ████████ - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by administrator TP along with on-site department officials on 11/14/2024. On 11/15/2024, the refrigerators in the kitchen were turned on and new thermometers were installed by contracted maintenance personnel BB to accurately measure the refrigerator temperatures. ██████████ implemented a documented weekly checklist on 12/1/2024 to ensure that all refrigerators in the kitchen are maintained at below 40°F. These weekly audits will be performed by ██████████ for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

103f - Refrigerator/Freezer Temps (continued)

Implemented ( ) - 02/19/2025)

131a - Fire Extinguisher

12. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There were no operable fire extinguishers with a minimum 2-A rating in the home.

Plan of Correction

Accept ( ) - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by [redacted] along with on-site department officials on 11/14/2024. On 11/22/2024, Fire Fighter Sales and Service Company inspected, approved, and tagged all of the home's fire extinguishers. [redacted] is to ensure that Fire Fighter Sales and Service Company or another certified fire extinguisher inspection company will inspect, approve, and tag all of the home's fire extinguishers with a minimum 2-A rating annually by November of each year, [redacted] implemented a documented monthly checklist on 12/1/2024 to ensure that all the home's fire extinguisher tags are in place and gauges are in the green zone. If any maintenance of fire extinguishers need to be performed, either [redacted] will contact Fire Fighter Sales and Service Company or another certified fire extinguisher inspection company to immediately service them. These monthly audits will be performed by [redacted] for 6 months. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ( ) - 02/19/2025)

132b - Safety Inspection/Fire Drill

13. 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

A fire safety inspection and fire drill conducted by a fire safety expert has not been completed.

Plan of Correction

Accept ( ) - 12/12/2024)

An initial audit of the home for sanitary conditions was performed by [redacted] along with on-site department officials on 11/14/2024. On 12/6/2024, Elizabeth Township fire safety expert conducted a preliminary fire safety inspection and fire drill. [redacted] and/or owner BB to ensure that the Elizabeth Township fire safety expert conducts an annual fire safety inspection and fire drill by December of each year and documentation of the fire safety inspection and fire drill will be kept on file within the home in accordance with 2600.132.b. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ( ) - 02/19/2025)