

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

May 5, 2025

[REDACTED]
GRACEFUL CARE LIVING, LLC

[REDACTED]
SUITE 100
[REDACTED]

RE: GRACEFUL CARE LIVING
211 GARNIER STREET
SHARPSBURG, PA, 15215
LICENSE/COC#: 45467

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/17/2025 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: GRACEFUL CARE LIVING	License #: 45467	License Expiration: 07/10/2025
Address: 211 GARNIER STREET, SHARPSBURG, PA 15215		
County: ALLEGHENY	Region: WESTERN	

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

Legal Entity		
Name: GRACEFUL CARE LIVING, LLC		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 09/07/1993	Issued By: Labor and Industry

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 34	Waking Staff: 26

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint, Incident, Fine		Exit Conference Date: 01/17/2025

Inspection Dates and Department Representative	
01/17/2025 - On-Site	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 52		Residents Served: 30	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 6		Are 60 Years of Age or Older: 25	
Diagnosed with Mental Illness: 12		Diagnosed with Intellectual Disability: 3	
Have Mobility Need: 4		Have Physical Disability: 2	

Inspections / Reviews		
01/17/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/13/2025
02/13/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/02/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/18/2025

Inspections / Reviews *(continued)*

05/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/03/2025

05/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

At approximately 7:50 am on [redacted], residents [redacted] and [redacted] were engaged in a verbal altercation in the living room which quickly became physical. Resident [redacted] struck resident [redacted] in the face multiple times resulting in a black and blue left eye and swollen lip. Resident [redacted] also broke the couch when [redacted] jumped onto resident [redacted] who was sitting on that couch. The Sharpsburg police were called and stated that they will file charges against resident [redacted] who was ultimately admitted to the hospital on a [redacted] mental health petition. Resident [redacted] was treated and released from the hospital for facial bruising.

Plan of Correction

Accept [redacted] - 02/13/2025)

This violation was immediately corrected and all mandated reports were submitted within the designated timeframes. Investigations were completed by AAA/APS, the department and facility administration. Resident [redacted] was immediately issued a 30 day notice due to resident was a physical threat to others. Administration and staff member [redacted] petitioned for a [redacted] (not a [redacted] petition as stated within the violation) on [redacted] through Resolve Crisis and was immediately approved through Allegheny County due to it was deemed that the resident was a safety threat to others. On 1/17/2025, administrator spoke with the BH team at the VA and declined (also by recommendation of the department agent on site) re-admittance of resident [redacted] back to the facility. Resident [redacted] no longer resides at the facility. Administration to continue to ensure the safety of all residents. Staff was re-educated on 2/7/2025 on safe management techniques, and documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented [redacted] - 05/05/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 12:15 pm, the hot water temperature at the sink in the resident bathroom on the floor the home refers to as the 5th floor, measured 136.7 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 03/17/2025)

This violation was immediately corrected by staff member TS by adjusting the hot water tank on 5th floor. Staff was re-educated on reporting any concerns related to increased/decreased water temperatures. Administrator ([redacted] or designated staff members [redacted] or [redacted]) to perform daily documented checks on 3 different sinks/tubs in alteration in various locations of the building at various times of the day for 1 month (starting on 2/18/2025) then administrator or designated staff will perform weekly checks for 5 additional months (starting on 3/18/2025) to ensure that the water temperature is not to exceed 120° F via thermometer monitoring. Documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached updated documentation.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented [redacted] - 05/05/2025)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

On [REDACTED] at 9:20 am, the exit sign hanging from the ceiling at the end of the 2nd floor hallway near the fire escape was askew and not securely connected on the right side of the sign.

Plan of Correction

Accept [REDACTED] - 02/13/2025)

The exit sign named in this violation was immediately corrected on [REDACTED] by administrator [REDACTED] by reattaching the bracket on the right side of the sign. Administrator to perform weekly documented checks for 6 months beginning on 2/7/2025 to ensure that all exit signs are secured in place and are properly working. Staff was re-educated on 2/7/2025 to immediately report any concerns related to 2600.95 including exit signage so that all facility furniture and equipment are in good repair, clean and free of hazards. Documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented [REDACTED] - 05/05/2025)

100a - Exterior - Free of Hazards

4. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home received a letter, dated [REDACTED], from the Borough of Sharpsburg code enforcement regarding the home's 2nd and 3rd floor fire escape indicating "Do not use the deck unless an extreme emergency use only." The deck and fire escape has not yet been repaired.

REPEAT VIOLATION [REDACTED] et al. and [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 04/30/2025)

This is not a violation as stated within the description above, nor is the violation 2600.100.a dated 7/1/2024. The violation from 7/1/2024 2600.100.a is an exact copy of the violation listed above and was accepted by DHS supervisor [REDACTED]

According to the letter dated 6/1/2023, (addressed to St. Mary's Courtyard, not the home's current legal entity) from the Borough of Sharpsburg code enforcement officer, there is no mention of a fire escape at all. The letter explicitly states "Do not use the deck (unspecified) unless an extreme emergency use only". Nor does the letter state to repair or replace the deck or fire escape (as stated in the above violation) in any way or within any timeframe. Therefore, the verbiage within the description of this violation does not at all pertain to any of the verbiage of the letter. Please refer to the attachment that includes the letter that is in reference within this violation.

DIRECTED: Within 24 hours of receipt of the plan of correction - According to an updated letter from the Sharpsburg Code officer, dated 4/14/25, the 3rd floor of the home is to remain unoccupied by residents. The

100a Exterior Free of Hazards (continued)

exterior stairs to the 3rd floor deck will be blocked with a 4 foot high wooden gate, latched shut. The interior door in the stairwell will be toggle bolted shut. These conditions will remain in place until such time the 3rd floor deck is replaced. [REDACTED] 5/1/25

DIRECTED: Within 48 hours of receipt of the plan of correction The home will submit a decrease in capacity for the home, to reflect that the 3rd floor will no longer be occupied or licensed for residents. [REDACTED] 5/1/25

Directed Completion Date: 05/03/2025

Implemented [REDACTED] - 05/05/2025)

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 9:15 am, the side porch steps and ramp off of the dining room exit were covered with approximately 3 inches of snow. The exit route from the smoking porch through the backyard to the alley was also covered with approximately 3 inches of snow. The fire escape was also snow covered.

Plan of Correction

Accept [REDACTED] - 04/16/2025)

The facility has a contracted snow removal company that salts and removes snow from the facility parking lot, sidewalks and property walkways. Attached invoices verify that the outside property walkways were salted on 1/11/2025, 1/15/2025 and again on 1/17/2025, making it difficult for 3" of snow to accumulate on these walkways. Administrator [REDACTED] or designated staff members [REDACTED] or [REDACTED] to perform (at least twice daily, depending upon how shifts are scheduled) documented checks for one month (beginning 2/18/2025) then Administrator [REDACTED] to perform weekly checks, as well as additional checks as dictated by weather conditions, for 5 months (starting on 3/18/2025) on all outside walkways, ramps, steps, recreational areas and exterior fire escapes to ensure that such areas are not obstructed in any way. Administrator re educated all staff on 2/7/2025 on the components of regulation 2600.100.b. Documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached documentation which includes the dated invoices of when the facility property was maintenance for snow removal.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented [REDACTED] - 05/05/2025)

144c1 - Smoking Area Guidelines

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines (continued)

Description of Violation

There were rolled up paper towels and a pop bottle in the ashtray on the smoking porch.

Plan of Correction

Accept [redacted] - 04/16/2025)

The paper towel and pop bottle was immediately removed from the ashtray in the smoking area upon discovery by administrator [redacted]. The home has previously developed and implements a written fire safety policy and procedures that includes proper safeguards outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture outside the home. Administrator re-educated all staff on 2/7/2025 on the components of regulation 2600.144.c. Administrator [redacted] or designated staff members [redacted] or [redacted] to perform daily documented checks (beginning 2/18/2025) on the outside smoking area to ensure there are not and combustible materials in the smoking area ashtray. Administrator [redacted] will then perform weekly documented checks on for 5 additional months beginning 3/18/2025 to ensure that the smoking area is free and clear of any potential fire hazards within the designated smoking area. Documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented ([redacted] 05/05/2025)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a discontinued tube of [redacted] in the medication cart for resident [redacted]. The resident has a current order for [redacted], apply topically 2 times a day as needed.

REPEAT VIOLATION [redacted] et al and [redacted] et al

Plan of Correction

Accept [redacted] - 02/13/2025)

The discontinued tube of [redacted] was immediately removed from the medication cart and discarded by administrator [redacted] for on site inspectors to be able to verify. Administrator [redacted] has (re-implemented on 10/30/2024 for at least 6 months) and still performs weekly documented med cart audits which aid to ensure that any discontinued medications are removed from the medication cart. Med tech trained DCS were re-educated on 2/7/2025 in regard to remove any medications from the cart post medication discontinuation per the home's policy and procedures. Documentation will be kept on file in accordance with regulation 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented [redacted] - 05/05/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

