

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

May 29, 2025

[REDACTED]  
UNIONTOWN AL, LLC  
[REDACTED]

RE: THE ADDISON OF UNIONTOWN  
660 CHERRY TREE LANE  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 45502

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2025 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: *THE ADDISON OF UNIONTOWN* License #: *45502* License Expiration: *05/29/2026*  
 Address: *660 CHERRY TREE LANE, UNIONTOWN, PA 15401*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *55* Waking Staff: *41*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/14/2025*

**Inspection Dates and Department Representative**

*04/14/2025 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *47* Residents Served: *36*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *19* Have Physical Disability: *0*

**Inspections / Reviews**

**04/14/2025 Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2025*

**05/05/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *05/27/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2025*

Inspections / Reviews *(continued)*

05/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/29/2025

05/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

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

On numerous occasions over the last 4 months, resident [redacted] was [redacted] and [redacted] towards resident [redacted]. On 2 separate occasions, resident [redacted] approached resident [redacted] from behind while walking in the hallway and grabbed resident [redacted] buttocks with [redacted] hand. On another occasion, resident [redacted] said to resident [redacted], "I had a big hard on this morning and was going to come looking for you," and on another occasion, resident [redacted] said to resident [redacted], "You have a big [redacted]" Resident [redacted] indicated these instances of abuse made resident [redacted] feel embarrassed and scared.

Plan of Correction

Directed [redacted] 05/09/2025)

Resident [redacted] was issued a 30-day notice to discharge by the Executive Director and was discharged from the community on 4/13/2025.

The ED or designee will interview five random residents per week for the next four weeks beginning on or before 5/12/2025 to make sure they feel safe and haven't received any unwanted advances that make them feel uncomfortable, scared, or embarrassed by anyone. A record of completion will be maintained by the community.

The Executive Director or designee will provide training for current staff on the company's Abuse & Neglect Reporting Policy including suspected /confirmed resident to resident abuse and regulation 2600.42.b by 5/22/2025. A record of completion will be maintained by the community.

The Executive Director will discuss abuse reporting with current Directors in attendance at the next quarterly Quality Assurance review which is scheduled for 5/29/2025. Documentation of the QA meeting will be maintained by the community.

Proposed Overall Completion Date: 06/16/2025

Directed Completion Date: 05/29/2025

Implemented [redacted] 05/29/2025)

132g Fire Drills Days/Times

2. Requirements

2600.

**132g - Fire Drills Days/Times (continued)**

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

*The home routinely schedules 2 staff persons in the home during the 10:00pm-6:00am shift; however, has not conducted a fire drill with only 2 staff persons within the past year. The most recent fire drill conducted in the home during the 10:00pm-6:00am shift was held on [REDACTED] at 10:10pm; however, 5 staff persons participated in that fire drill.*

**Plan of Correction**

**Directed [REDACTED] - 05/09/2025)**

*On 4/14/2025 the Executive Director provided training for the Director of Plant Operations on regulation 2600.132.g. A record of completion will be maintained by the community.*

*A random/unannounced fire drill was conducted on 4/21/2025 at 4:10am with two staff participating in the drill. Residents were evacuated to fire safe areas within the parameters set by the inspection of the fire expert on 10/1/2024.*

*By May 29, 2025, then continuing monthly, The Executive Director or designee will audit/monitor fire drills times and staff patterns to ensure that compliance with regulation is maintained. A record of completion will be maintained by the community.*

*The Executive Director will discuss fire drills times and Regulation 2600.132g with current Directors in attendance at the next Quality Assurance review scheduled for 5/29/2025. Documentation of the QA meeting will be maintained by the community.*

*Proposed Overall Completion Date: 06/02/2025*

**Directed Completion Date: 05/29/2025**

**Implemented [REDACTED] - 05/29/2025)**