

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

July 3, 2025

[REDACTED], ADMINISTRATOR/CEO
GRANDVIEW ESTATES MEMORY CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037

RE: GRANDVIEW ESTATES MEMORY
CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 44992

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2025, 06/11/2025 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: GRANDVIEW ESTATES MEMORY CARE LLC License #: 44992 License Expiration: 08/29/2025
 Address: 1151 SCENERY DRIVE, ELIZABETH, PA 15037
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRANDVIEW ESTATES MEMORY CARE LLC
 Address: 1151 SCENERY DRIVE, ELIZABETH, PA, 15037
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/07/1994 Issued By: Labor & Industry
 Type: I-1 Date: 05/30/2019 Issued By: Elizabeth Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/11/2025

Inspection Dates and Department Representative

06/10/2025 - On-Site: [REDACTED]
 06/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 71	Residents Served: 42		
Secured Dementia Care Unit			
In Home: Yes	Area: Lower Level	Capacity: 26	Residents Served: 16
Hospice			
Current Residents: 16			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 42		
Diagnosed with Mental Illness: 22	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 23	Have Physical Disability: 0		

Inspections / Reviews

06/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/06/2025

Inspections / Reviews *(continued)*

07/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/07/2025

07/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/07/2025

07/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. 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

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "If an approved carbon monoxide alarm at a care facility operates by battery, the battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner." However, on 6/10/25 at approximately 11:29 a.m., the battery-operated carbon monoxide detectors located in the north and south halls had batteries dated 10/22/19.

Plan of Correction

Accept ([redacted] - 07/02/2025)

Maintenance Manager educated on 7/1/25 to put date on battery when replacement is done. Battery should be replaced annually or when it is drained whatever comes first. Battery had been replaced on 5/20/25 but not dated. Maintenance added date to carbon dioxide detector on 6/10/25. Maintenance will check monthly to ensure battery date is on the detectors and within parameters Picture and audit attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented ([redacted] - 07/03/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [redacted] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Direct care staff person A worked in the home and provided direct care services on numerous dates including 6/5/25.

Plan of Correction

Accept ([redacted] - 07/02/2025)

Director of operations educated on 6/10/25 by DHS that Direct care staff A's [redacted] was not valid Staff Member submitted verification of high school diploma/ged. Audit was done on 7/2/2025 of current employees to see if there were any secondary certificates that were not from department of education. None were found. Director of Operation will audit any secondary certificates upon hire to determine if high school diploma/ged required. verification and audit form attached.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented ([redacted] - 07/03/2025)

101j7 - Lighting/Operable Lamp

3. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/10/25 at approximately 11:33 a.m., there was no operable source of light at bedside in resident room #201 belonging to resident [REDACTED]

On 6/10/25 at approximately 11:40 a.m., there was no operable source of light at bedside in resident room #221 belonging to resident [REDACTED]

On 6/10/25 at approximately 11:47 a.m., there was no operable source of light at bedside in resident room #112 belonging to SCUDU resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/02/2025)

Maintenance Manager educated on 7/1/25 that lamps must be at bedside in resident room. Maintenance Manager placed lamps at bedside on 6/10/25 in all 3 rooms. Weekly audit will be done to ensure that lamps are in correct place. Audit attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [REDACTED] - 07/03/2025)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 6/10/25 at approximately 1:35 p.m., there were two clear plastic bags of pre-made pizza shells and one clear plastic bag of gyro bread that were left uncovered and unprotected from freezer burn stored in the home's basement freezers.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

On 6/10/25 removed uncovered and unprotected food from freezer. Educated Dietary staff on 6/26/25 that all food shall be protected from contamination while being stored, prepared, transported and served. Dietary aide/cook will do weekly audits on basement freezer. Audit Attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [REDACTED] - 07/03/2025)

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 6/10/25 at approximately 1:35 p.m., There was an unlabeled, undated container with what appeared to be cut-up

103e - Left Overs (continued)

strawberries that had no lid located in the home's refrigerator.

Plan of Correction

Accept () - 07/02/2025

Removed unlabeled and undated food in the refrigerator on 6/10/25. Educated Dietary staff on 6/26/25 that all left over food shall be labeled and dated in refrigerator. Dietary aide/cook will do weekly audits for all refrigerators. Audit attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented () - 07/03/2025

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/10/25 at approximately 1:35 p.m., there were two clear plastic bags of pizza crusts, three bags of onion rings, one clear plastic bag of chicken fingers, one clear plastic bag of chicken patties, four clear plastic bags of French fries, unlabeled and undated located in the home's basement freezers.

Plan of Correction

Accept () - 07/02/2025

Labeled and dated unopened and unlabeled food located in the freezer on 6/10/25. Educated Dietary staff on 6/26/25 that all unopened and unlabeled food shall be labeled and dated in freezer. Dietary aide/cook will do weekly audits for all freezers. Audit attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented () - 07/03/2025

121a - Unobstructed Egress

7. 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

On 6/11/25 at approximately 1:30 p.m., the metal door in the main hallway located across from the rear entry/exit door and next to the restroom on the personal care floor is locked with a keypad.

Plan of Correction

Accept () - 07/02/2025

Educated Maintenance Manager on 7/1/25 that Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. Maintenance manager replaced locking door knob with knob that does not lock on 7/1/25. Picture attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

121a - Unobstructed Egress (continued)

Implemented () - 07/03/2025

124 - Notice to Fire Department

8. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not send documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept () - 07/02/2025

Dhs educated Director of Operations on 6/10/25 that facility shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

Documentation shall be kept. Director of Operations notified fire department on 6/10/25 by email. See attachment

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented () - 07/03/2025

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/11/25 at approximately 11:45 a.m., there was a box of Umeclidinium 62.5/Vilanterol 25mcg 30D inhalation powder (Anoro Ellipta) Inhale one puff by mouth every day – (Discard 6 weeks after removal from foil tray or when counter reads zero, whichever comes first) for resident #4 with no date indicating when it was originally opened.

Plan of Correction

Accept () - 07/02/2025

Facility Manager dated the inhalation powder in question on 6/12/2025. Educated staff on 6/18/2025 that medication is to be dated as directed by instructions. Audit done on current medications by Facility Manager on 7/1/2025. Audit will be done by Midnight Med tech monthly to ensure meds are identified and dated as directed. Audit and education attached.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented () - 07/03/2025

185a - Implement Storage Procedures

10. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 6/11/25 at approximately 2:05 p.m., a review of resident #6's, medication administration record (MAR) stated they are prescribed Metamucil Orange S/F 58.6% take 2 rounded teaspoonfuls mixed with 8oz of water as needed for constipation, however, the product was not available in the home.

As per Grandview Estates policy-controlled substances shall be kept in double locked area of the medication cart. Receipt of controlled substance will be kept in controlled substance binder in the medication room. Two staff must count all controlled substances and initial the form for accuracy. Only the person assigned to medication shall have access to the controlled substances. In the event that controlled medication is missing the administrator, CEO or COO shall be notified before any staff person leaves the premises. If medication is not accounted for or criminal activity is suspected the police shall be notified. However, on 6/11/25 at approximately 12:10 p.m., a review of resident #5's, narcotic medication Lacosamide tab 100mg take one tablet by mouth twice daily – diagnosis seizures had 9 pills in the blister card and the medication monitoring control record indicated that there were 10 pills. The missing dose of Lacosamide was unaccounted for and none of the staff were notified.

Plan of Correction

Accept (█ - 07/02/2025)

On 6/11/2025 Metamucil Orange S/F 58.65 was ordered from pharmacy. Staff educated on 6/18/25 regarding procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Medications will be audited with MAR on a monthly basis by Midnight Med tech to make sure all medications are present. Audit attached.

On 6/12/2025, Facility Manager Audited lacosamide tab 100 mg dispensed comparing it to Narcotic count. A medication was dispensed but not marked on the narcotic count. The following shifts did not catch the discrepancy. Staff educated on 6/18/2025 on proper process if there is a discrepancy. Management (Facility Manager, Training Manager, Director of Operations) will do physical count weekly to ensure compliance. Audit attached.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented (█ - 07/03/2025)