



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: JULY 14, 2025

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

RE: Graceful Care Living South
145 Broadlawn Drive
Elizabeth, PA 15037
License #: 45628

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on June 10, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with Title 55, PA Code, Chapter 2600. Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
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 #: 45628 License Expiration: 08/25/2025
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: 12/27/2024 Issued By: Elizabeth Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 4 Waking Staff: 3

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Complaint, Provisional Exit Conference Date: 06/10/2025

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 91 Residents Served: 4

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: 4
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/10/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/22/2025

Inspections / Reviews (*continued*)

06/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/27/2025

07/01/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/07/2025

07/01/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025
Reviewer: [REDACTED] Follow-Up Type: Exception

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home held fire drills on 4/11/25 and 5/4/25 and the fire drill record for both drills indicated the fire alarm was not activated, however, staff interviews indicated the fire alarm was activated, and the fire drill log was not documented correctly.

Plan of Correction

Directed (redacted) - 07/01/2025)

This violation was a documentation error. Administrator designee (redacted) and licensing agent reviewed 2600.132.c. and is now clear to administrator that the alarm is to be activated during each fire drill and corresponding documentation on the fire drill log must be accurate. Administration will ensure to continue complete a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative so that no further violations occur. A third party company (redacted) is contracted by the facility owners to monitor the fire sensors and alarms at a constant (24 hour a day 7 days a week). If the system requires maintenance or any issues arise, the owner(s) (redacted) are immediately notified by (redacted) Co. and a technician will report to the facility on-site and will immediately repair the issues regarding the system. Annual inspections are conducted by (redacted) and the monitoring system is documented with a tag that includes the date of inspection and who performed the inspection as approved by the Fire Marshal. All inspections are current (please see attached photographs).Administration and owners (redacted) will continue to report to (redacted).any concerns that arise. Acting Administrator (redacted) will also conduct documented weekly checks for 6 months beginning 6/26/2025 of the monitoring system that is located in the third wing med station to ensure that the system is functioning at baseline and report to (redacted). any related concerns. Elizabeth Township Fire Department also conducts annual fire safety trainings that are documented and kept on file. These Annual trainings/inspections also verify that the monitoring system is properly working. Please see attached documentation.

Proposed Overall Completion Date: 06/26/2025

DIRECTED

Within one day or receipt of the accepted plan of correction: The administrator shall audit the home's fire drill record monthly to ensure accuracy and completeness. (redacted) 7/1/25

Directed Completion Date: 07/02/2025

Implemented (redacted) - 07/01/2025)

185a - Implement Storage Procedures

2. Requirements

2600.

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

On 6/5/2025 at 5:12 p.m. resident #1's One-Touch Ultra 2 glucometer indicated a blood glucose reading of 208 mg/dL. However, resident #1's June 2025 medication administration record was signed by direct care staff person A, but did not document a blood glucose reading on 6/5/25 at 4:00 p.m.

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Administrator designee [REDACTED] and on site licensing inspector addressed and reeducated Staff person [REDACTED] at the time of the discovery of the violation during the med cart/MAR inspection. This violation was a wifi connection error and was resolved immediately with understanding of staff person A. Administration will continue to complete once weekly medication/MAR audits to ensure compliance is upheld. Staff is to be re-educated as designated by the department on 2600.185.a. and documentation of this training is to be kept on file in accordance with 2600.65.i. Acting administrator [REDACTED] will conduct weekly glucometer to MAR audits beginning 6/26/2025 for 6 months and documentation will be kept on file in the facility.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [REDACTED] - 07/01/2025)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed multiple medications to include:

- Ferrous Sulfate 325mg, take one tablet by mouth every day
- Furosemide 40mg tablet, take one tablet by mouth every day
- Lisinopril 10mg tablet, take one tablet by mouth every day
- Nystatin 100,000 UN/GM Powder, apply topically to groin & abdominal folds 2 times a day.

However, resident #1's June 2025 medication administration record (MAR) did not indicate the diagnosis or purpose for any of the listed medication.

Resident #2 is prescribed multiple medications to include:

- Acetaminophen 325mg tablet, take two tablets (650mg) by mouth 3 times a day
- Furosemide 40mg tablet, take one tablet by mouth every day

However, resident #1's June 2025 MAR did not indicate the diagnosis or purpose of either medication.

Resident #3 is prescribed multiple medications to include:

- Warfarin 4mg tablet, take one tablet by mouth every day on Tuesday, Thursday, and Saturday
- Ciprofloxacin-Dexamethasone otic suspension, instill 3-4 drops in left ear twice daily
- CO Q10 100mg soft gel capsule, take one capsule by mouth 2 times a day
- Flecainide Acetate 50mg tablet, take one tablet by mouth every day
- Folic Acid 400mcg tablet, take one tablet by mouth every day
- Lisinopril 10mg tablet, take one tablet by mouth every day

187a - Medication Record (continued)

- Pantoprazole Sodium 40mg tablet, take one tablet by mouth every day
- Preservision Areds 2 soft gel capsule, take one capsule by mouth every day
- Vitamin B12 1000mcg tablet, take one tablet by mouth every day
- Zinc Sulfate 220mg capsule, take one capsule by mouth every day
- APAP 500mg caplet, take two tablets by mouth at bedtime
- Melatonin 1mg tablet take one tablet by mouth at bedtime
- Tamsulosin 0.4mg capsule, take 2 capsules (0.8mg) by mouth at bedtime
- Warfarin 3mg tablet, take one tablet by mouth every day on Monday, Wednesday, Friday, Sunday

However, resident #3's June 2025 medication administration record (MAR) did not indicate the diagnosis or purpose for any of the listed medication.

Resident #4 is prescribed multiple medications to include:

- Amlodipine 10mg tablet, take one tablet by mouth every day
- Fenofibrate 145mg tablet, take one tablet by mouth every day
- Atorvastatin 40mg tablet, take one tablet by mouth every day

However, resident #4's June 2025 medication administration record (MAR) did not indicate the diagnosis or purpose for any of the listed medication.

Plan of Correction**Accept** [REDACTED] - 07/01/2025)

Administrator designee [REDACTED] immediately contacted the pharmacist [REDACTED] from Health Direct Pharmacy and these documentation errors were immediately corrected for on site inspectors to verify. Administration will continue to complete once weekly medication/MAR audits which now includes that all diagnosis/treatment purpose is included within each medication/treatment order to ensure compliance is upheld.

Acting administrator [REDACTED] will conduct weekly (and upon new admissions) MAR/pharmacy label/prescriber orders audits beginning 6/26/2025 for 6 months and documentation will be kept on file in the facility. Re-education of all medication staff persons regarding the regulation including the home's policy and procedures regarding MAR/pharmacy label/prescriber orders and the required information per the department was completed by acting administrator [REDACTED] on 6/26/2025. Documentation of education will be kept in accordance with Regulation 2600.65(i).

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [REDACTED] - 07/01/2025)**187b - Date/Time of Medication Admin.****4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed Warfarin 4mg tablet, take one tablet by mouth every day on Tuesday, Thursday, and Saturday. Direct care staff person A and direct care staff person B indicated the resident's medication is only administered at the hour of sleep. However, resident #3's June 2025 medication administration record documented administration of Warfarin 4mg tablets on 6/3/25, 6/5/25, 6/7/25 and on 6/10/25 at 9:00 a.m., and the medication was not passed on those dates at that time.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction**Accept** [REDACTED] - 07/01/2025)

Administrator designee [REDACTED] immediately contacted the pharmacist [REDACTED] from Health Direct Pharmacy and these documentation errors were immediately corrected for on site inspectors to verify. Administration will continue to complete once weekly medication/MAR audits which now includes that all medication pass times are correct and within the scope of the physician orders. Administrator designee [REDACTED] (also staff person B) and on site licensing inspector addressed and reeducated Staff person A [REDACTED] at the time of the discovery of the violation during the med cart/MAR inspection. Staff is to be re-educated as designated by the department on 2600.187.b. and documentation of this training is to be kept on file in accordance with 2600.65.i.

Acting administrator [REDACTED] will conduct weekly MAR audits that include medication orders and pass times are coordinated correctly beginning 6/26/2025 for 6 months and documentation will be kept on file in the facility.

Licensee's Proposed Overall Completion Date: 06/26/2025**Implemented** [REDACTED] - 07/01/2025)