

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

August 14, 2025

[REDACTED]
GRAYSTONE MANOR BELLMEADE, LLC
[REDACTED]

RE: GRAYSTONE MANOR AT
BELLMEADE
1929 EAST PLEASANT VALLEY BLVD
ALTOONA, PA, 16602
LICENSE/COC#: 33222

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2025 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: GRAYSTONE MANOR AT BELLMEADE License #: 33222 License Expiration: 10/19/2025
 Address: 1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA 16602
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: GRAYSTONE MANOR BELLMEADE, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/16/2014 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 72 Waking Staff: 54

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Incident Exit Conference Date: 07/17/2025

Inspection Dates and Department Representative

07/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 61
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

07/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/08/2025

07/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/12/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/14/2025

Inspections / Reviews *(continued)*

08/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at [redacted] resident [redacted] was slapped by staff member A in a reaction to being bitten on the hand by resident [redacted]. This incident was observed by staff member B, C, and D and reported to staff member E on [redacted] at 6:19 AM. However, this allegation of abuse was not reported to the Area Agency on Aging until [redacted] at 12:00 PM.

Plan of Correction

Accept ([redacted] - 07/29/2025)

In the event that the Executive Director is not in the facility on the day there is a report of resident abuse, additional processes for notifying the The Area Agency on Aging have been put into place as of 7/28/25. If needed, once the Executive Director is notified of abuse, suspected abuse or a referral of suspected abuse and if not able to submit the verbal report to the Department, they will direct the acting charge nurse to complete a verbal report in addition to the reportable incident to DHS. A written memo outlining this has been posted in the employee clock in room as well as given to each member of management staff. Please attached instruction that was given to staff.

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented ([redacted] - 08/14/2025)

42b - Abuse

2. 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 [redacted] staff member A was assisting staff members B and C in providing care to resident [redacted] who was being [redacted]. During care, resident [redacted] bit the hand of staff member A and staff member A reacted to this by slapping resident [redacted] in the face.

Plan of Correction

Accept ([redacted] - 07/29/2025)

on 6/21/25 Executive Director had staff member A was sent home following the incident and taken off the schedule pending an investigation. Following investigation of event, staff member A was terminated on 6/23/25 by Executive Director, after speaking to staff member B, staff member C and Staff member Executive Director provided additional training to all staff on abuse by video which all staff completed and signed they received by July 3rd. All staff will be given a copy of Resident Rights along with their next paycheck on 8/5/25 by the Business Office Coordinator. Business Office Coordinator will obtain signatures from staff that the have received a copy of resident rights at that time. A copy of all staff signatures will be finalized and sent to DHS by 8/13/25.

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented ([redacted] 08/14/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] had an annual assessment completed on [REDACTED]. During the month of May 2025, resident [REDACTED] had increased [REDACTED] as documented in incident reports and a 30-day notice was issued as a result of resident's behaviors. However, the resident assessment was not updated to show the significant change and increased [REDACTED] behaviors in the area of [REDACTED] care needs.

Plan of Correction

Accept [REDACTED] - 07/29/2025)

In order to ensure that when a significant change occurs with a resident, the Wellness Coordinator will attend daily shift report when [REDACTED] is in the building during that time. Additionally, a written copy of shift report completed by nursing staff will be put in the Wellness Coordinator's mailbox for [REDACTED] review. Staff have been instructed that shift report is the time to discuss and point out changes in a resident. Nursing staff will also document in a residents chart regarding the change. The Executive Director will ensure this is being followed by staff and Wellness Coordinator.

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented [REDACTED] - 08/14/2025)