

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

December 16, 2025

[REDACTED]  
HAPPY HEARTS SENIOR LIVING LLC  
[REDACTED]

RE: HAPPY HEARTS SENIOR LIVING  
276 RALSTON ROAD  
SLIPPERY ROCK, PA, 16057  
LICENSE/COC#: 45487

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2025 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		
<b>Name:</b> HAPPY HEARTS SENIOR LIVING	<b>License #:</b> 45487	<b>License Expiration:</b> 10/18/2025
<b>Address:</b> 276 RALSTON ROAD, SLIPPERY ROCK, PA 16057		
<b>County:</b> BUTLER	<b>Region:</b> WESTERN	

Administrator		
<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]

Legal Entity		
<b>Name:</b> HAPPY HEARTS SENIOR LIVING LLC		
<b>Address:</b> [REDACTED]		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]	

Certificate(s) of Occupancy		
<b>Type:</b> C-1	<b>Date:</b> 06/23/1981	<b>Issued By:</b> Dept L & I

Staffing Hours		
<b>Resident Support Staff:</b> 0	<b>Total Daily Staff:</b> 12	<b>Waking Staff:</b> 9

Inspection Information		
<b>Type:</b> Full	<b>Notice:</b> Unannounced	<b>BHA Docket #:</b>
<b>Reason:</b> Renewal	<b>Exit Conference Date:</b> 09/12/2025	

Inspection Dates and Department Representative	
09/12/2025 - On-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
<b>License Capacity:</b> 28		<b>Residents Served:</b> 10	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 1			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 2		<b>Are 60 Years of Age or Older:</b> 9	
<b>Diagnosed with Mental Illness:</b> 4		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 2		<b>Have Physical Disability:</b> 0	

Inspections / Reviews		
09/12/2025 Full		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 10/16/2025
10/28/2025 - POC Submission		
<b>Submitted By:</b> [REDACTED]	<b>Date Submitted:</b> 11/13/2025	
<b>Reviewer:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 11/04/2025

Inspections / Reviews *(continued)*

## 11/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/13/2025

## 12/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the administrator or designee.

Plan of Correction

Accept ([REDACTED] - 10/28/2025)

On 9/12/2025, when contract was noted to be missing Administrator signature, Administrator re-reviewed contract with resident [REDACTED] to ensure resident had full understanding of contract and to answer any outstanding questions. Administrator signed contract with date of 9/12/25 and attached addendum to contract stating this review had been completed.

On same date, Administrator reviewed all current resident-home contracts to ensure no other signatures were missing.

Beginning 9/12/2025, any newly signed resident-home contracts will be reviewed by Administrator and owner or designee to ensure all signatures are correctly in place.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented ([REDACTED] - 12/16/2025)

25c8 - Smoking

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The resident-home contract, dated [REDACTED] for resident [REDACTED] does not include the current home rules.

The resident-home contract, dated [REDACTED] for resident [REDACTED] does not include the current home rules.

The resident-home contract, dated [REDACTED], for resident [REDACTED] does not include the current home rules.

The resident-home contract, dated [REDACTED] for resident [REDACTED] does not include the current home rules.

Plan of Correction

Accept ([REDACTED] 11/05/2025)

For contracts dated 1/8/2025, 12/13/2024, 2/7/2025, and 2/21/2025, home rules had been reviewed with the resident at contract signing. Copy of home rules was then given to resident on those dates, with resident acknowledging these had been received. However, copy of home rules had not been retained with signed contract on file.

On 9/12/2025, immediately after finding home rules were missing from contract, copy of home rules was provided to each resident and/or responsible party by Administrator. Attached a copy of the homes home rules to resident [REDACTED], [REDACTED] and [REDACTED]'s contracts.

25c8 - Smoking (continued)

Beginning on 9/12/2025 Administrator and owner or designee will review signed contracts to ensure copy of home rules is retained in resident file.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented ( ) - 12/16/2025)

25c13 - Complaint Procedure

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

The resident-home contract, dated ( ), for resident ( ) does not include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

The resident-home contract, dated ( ), for resident ( ) does not include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

The resident-home contract, dated ( ), for resident ( ) does not include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

The resident-home contract, dated ( ) for resident ( ) does not include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Plan of Correction

Accept ( ) - 11/05/2025)

For contracts dated 1/8/2025, 12/13/2024, 2/7/2025, and 2/21/2025, resident rights and complaint procedures had been reviewed with the resident at contract signing. Copy of resident rights and complaint procedures was then given to resident on those dates, with resident acknowledging these had been received. However, copy of resident rights and complaint procedures had not been retained with signed contract on file.

On 9/12/2025, immediately after finding resident rights and complaint procedures were missing from contract, copy of resident rights and complaint procedures was provided to each resident and/or responsible party by Administrator. Also, resident's rights and complaint procedures attached to resident ( ) and ( )'s contracts.

Beginning 10/30/2025 Administrator or designee will audit all current resident contracts to ensure written information on the resident's rights and complaint procedures are attached.

Beginning on 9/12/2025 Administrator and owner or designee will review signed contracts to ensure copy of resident rights and complaint procedures is retained in resident file.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented ( ) - 12/16/2025)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff person B is not trained in first aid and certified in obstructed airway techniques and CPR. On the following dates and times, 10 residents were present in the home and staff person B was the only staff person present:

Date:

Time:

[Redacted date and time information]

Plan of Correction

Accept ( [Redacted] - 10/28/2025)

On 9/12/2025, immediately when it was discovered that Staff Person B did not have current CPR card on file, Administrator contacted Staff Person B to obtain copy of current CPR and first aid certification with expiration date of 7/19/2027.

On 9/16/2025, Administrator conducted audit of current CPR and first aid certifications to ensure all staff have card on file and to identify any staff with upcoming CPR/First Aid expirations.

Administrator will schedule CPR/First Aid training for staff approaching expiration dates by 10/31/2025 to ensure compliance.

Beginning 9/16/2025, Administrator or designee will complete monthly audits of expiring CPR/First Aid certification for the next 12 months.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ( [Redacted] 12/16/2025)

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

At 9:45 a.m., there were 2 loose, uncovered electrical wires in an unlocked, unattended and accessible closet in the main dining room.

Plan of Correction

Accept ( [Redacted] - 11/05/2025)

On 9/12/2025, upon finding loose wires, Administrator removed loose, uncovered wires from unlocked closet. On same date, Administrator checked all other closets containing electrical panels to ensure closets were locked and no wires were loose or uncovered.

95 - Furniture and Equipment (continued)

On 9/16/2025, Administrator replaced lock on closet in the main dining room.

Beginning 9/16/2025, weekly for three months Administrator or designee will conduct audit to ensure all closets containing electrical are locked and that areas are clean and free of hazards.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (████) - 12/16/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

6. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 11:30 a.m., there was no grab bar, hand rail or assist bar on or near the rear toilet in the shared bathroom next to resident █████'s bedroom.

Plan of Correction

Accept (████) - 11/05/2025)

On 9/12/2025, immediately upon discovering missing grab bar, Administrator contacted facility maintenance to arrange for grab bar to be installed. On same date, all toilet and bath areas were inspected to confirm grab bars, hand rails, or assist bars were in place.

On 9/16/2025, grab bar was installed near toilet in shared bathroom next to resident █████'s bedroom by facility maintenance.

Beginning 9/16/2025, weekly for three months, Administrator or designee will audit all toilets to ensure secure grab bar, hand rail, or assist bars are in place.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (████) - 12/16/2025)

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

Dirt, grass and debris blocked egress from the basement emergency exit door between the furnace room and the storage room.

Plan of Correction

Directed (████) - 11/05/2025)

On 9/12/2025, facility maintenance was contacted to address obstructed door. On same date, all other emergency

121a - Unobstructed Egress (continued)

exit doors were inspected to ensure egress was not blocked.

On 9/16/2025, facility maintenance installed new door knob and cleared dirt, grass, and debris to ensure door is operable.

Beginning 9/16/2025, Administrator or designee will conduct audit to ensure all emergency exit doors are unlocked and unobstructed.

Proposed Overall Completion Date: 10/28/2025

**Directed:**

Beginning 11/10/25 and weekly thereafter, the administrator or designee audit all emergency exit doors to ensure they are unobstructed. Documentation will be kept.

█ 11/5/25

Directed Completion Date: 11/10/2025

Implemented █ - 12/16/2025)

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and supervised fire drill observed by a fire safety expert was conducted on █.

Plan of Correction

Accept █ - 10/28/2025)

On 9/10/2025, fire expert had been contacted to schedule fire safety inspection and fire drill. Fire Drill and inspection were scheduled and successfully conducted on 9/17/2025.

By 10/31/2025, annual fire safety inspection and fire drill will be scheduled for September 2026 to ensure annual compliance.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented █ - 12/16/2025)

132d - Evacuation

9. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety

132d - Evacuation (continued)

expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

██████ at 5:00 a.m., ██████ at 6:00 p.m., ██████ at 9:45 a.m., and ██████ at 6:18 p.m.

Plan of Correction

Accept ██████ - 10/28/2025)

On 9/10/2025, fire expert had been contacted to schedule fire safety inspection and fire drill. Fire Drill and inspection were scheduled and successfully conducted on 9/18/2025. Fire safety expert deemed maximum safe evacuation time of 3 minutes.

By 10/31/2025, annual fire safety inspection and fire drill will be scheduled for September 2026 to ensure annual compliance and that maximum safe evacuation time is documented.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ██████ - 12/16/2025)

181c - Self-administration Assessment

10. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident ██████ self-administers lubricating eye drops to ██████ eyes; however, resident ██████ has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept ██████ - 10/28/2025)

On 9/12/2025, immediately upon discovering medications in resident ██████'s room, eye drops were removed from room by Administrator and properly stored in med cart. On same date, all resident rooms were audited by Administrator for improperly stored medications. All improperly stored medications were removed from resident rooms and properly stored in med cart.

Beginning 9/16/2025, weekly and for three months, Administrator or designee will audit resident rooms to ensure proper storage of medications.

Beginning 9/16/2025, if a resident is deemed able to self-administer a medication by physician, Administrator will ensure ability so self-administer will be reflected on residents support plan.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented ██████ - 12/16/2025)

183b - Meds and Syringes Locked

11. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b Meds and Syringes Locked (continued)

Description of Violation

At 11:45 a.m., [redacted] and [redacted] were unlocked, unattended, and accessible beside the TV in resident [redacted] bedroom.

At 10:15 a.m., lubricating eye drops were unlocked, unattended, and accessible on the bedside table in resident [redacted] bed.

Plan of Correction

Accept [redacted] - 11/05/2025)

On 9/12/2025, immediately upon discovering medications in resident [redacted] room, eye drops were removed from room by Administrator and properly stored in med cart. On same date, all resident rooms were audited by Administrator for improperly stored medications. All improperly stored medications were removed from resident rooms and properly stored in med cart.

Beginning 9/16/2025, weekly and for three months, Administrator or designee will audit resident rooms to ensure proper storage of medications.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] - 12/16/2025)

183d - Prescription Current

12. 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

72 [redacted] tablets, belonging to resident [redacted], were in the medication cart. However, resident [redacted] does not have a current order for this medication.

Plan of Correction

Accept [redacted] - 11/05/2025)

On 9/12/2025, immediately upon discovery of [redacted] tablets, all 72 tablets were destroyed by Administrator. Correct dosage of 500 mg were available for resident. On 9/16/2025, Administrator conducted audit of PRN medications to ensure correct dosage was available for all residents.

Beginning 9/16/2025, weekly for three months, Administrator or designee will conduct med cart audit to ensure only medications with current orders are kept in the home.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] 12/16/2025)

185a - Implement Storage Procedures

13. 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.

Description of Violation

Resident [redacted] is prescribed blood glucose checks before breakfast and before dinner daily.

185a Implement Storage Procedures (continued)

On [redacted] at 8:00 a.m., resident [redacted]s September 2025 medication administration record indicated a blood glucose reading of [redacted] however, the resident's glucometer indicated a blood glucose reading of [redacted].

On [redacted] at 8:00 a.m., resident [redacted]s September 2025 medication administration record indicated a blood glucose reading of [redacted]; however, the resident's glucometer indicated a blood glucose reading of [redacted].

Plan of Correction

Accepted [redacted] 11/05/2025)

On 9/16/2025, Administrator conducted audit of blood glucose monitors and recordings on medication administration record.

On 10/16/2025, reeducation will be conducted by Administrator with all staff who are educated on checking blood glucose on proper and accurate recording.

Beginning 10/16/2025, Administrator or designee will conduct weekly audit for three months of blood glucose monitors and will address any inconsistencies with staff as identified.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented ([redacted] - 12/16/2025)

187b - Date/Time of Medication Admin.

14. 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 [redacted] is prescribed [redacted] tablets, take by mouth three times daily. Resident [redacted] September 2025 medication administration record does not include the initials of the staff person who administered this medication on [redacted] at 10:00 p.m. and [redacted] at 10:00 p.m.

Plan of Correction

Accepted [redacted] 11/05/2025)

On 9/16/2025, Administrator conducted audit of medication administration record to identify trends, if any, regarding missed medications.

On 10/16/2025, Administrator conducted reeducation with staff on proper documentation of administered medications on the MAR.

Beginning 9/16/2025, weekly for three weeks Administrator or designee will conduct MAR review audit to confirm medications are being administered and recorded in accordance with physician orders.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented ([redacted] - 12/16/2025)

187d - Follow Prescriber's Orders

15. Requirements

187d - Follow Prescriber's Orders (continued)

2600.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident [REDACTED] is prescribed blood glucose checks before breakfast and before dinner daily. However, on [REDACTED] at 5:00 p.m. and [REDACTED] at 8:00 a.m. the resident's blood glucose levels were not checked.

**Plan of Correction**

Accept ( [REDACTED] - 11/05/2025)

On 9/16/2025, Administrator conducted audit of medication administration record to identify trends, if any, regarding missed blood glucose checks.

On 10/16/2025, Administrator will conduct reeducation with staff on proper adherence to prescriber orders.

Beginning 9/16/2025, weekly for three weeks Administrator or designee will conduct MAR review audit to confirm blood glucose checks and being conducted and recorded in accordance with physician orders.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented ( [REDACTED] - 12/16/2025)

190a - Completion Medication Course

16. Requirements

2600.  
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

Resident [REDACTED] - on [REDACTED] at 8:00 p.m. [REDACTED]

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

Resident [REDACTED] - on [REDACTED] at 10:00 p.m. - [REDACTED]

**Plan of Correction**

Accept ( [REDACTED] - 11/05/2025)

On 9/12/2025, immediately upon discovery of missing medication administration certification, Staff Person B and Staff Person C were removed from med tech shifts. Administrator registered both staff members for medication administration training on 9/16/2025. Both staff members will be fully certified in medication administration by 10/31/2025.

On 9/16/2025, Administrator completed audit of all staff medication administration training to ensure all current staff have valid certification.

Beginning 9/16/2025, Administrator or designee will conduct monthly audit of medication administration records

**190a - Completion Medication Course (continued)**

to ensure all staff passing medications remain in compliance with department regulations.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 12/16/2025)

**190b - Insulin Injections****17. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

Staff person B did not complete the Department's approved diabetic medication administration training. However, on [REDACTED] at 5 :00 p.m., staff person B administered [REDACTED] of [REDACTED] to resident [REDACTED]

**Plan of Correction**

Accept [REDACTED] 10/28/2025)

On 9/12/2025, Administrator contacted staff person B for copy of diabetic training which was immediately provided. Staff Member B had completed diabetic training on March 25, 2025 (certificate attached).

On 9/16/2025, Administrator conducted audit to ensure all med techs had current diabetic training certification.

Beginning 9/16/2025, Administrator or designee will conduct monthly audit of medication administration records to ensure all staff administering insulin injections have proof of current department approved training on file.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [REDACTED] - 12/16/2025)