

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

January 22, 2026

[REDACTED]
ORION CARE LLC
[REDACTED]

RE: ORION PERSONAL CARE
2191 FERGUSON ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 45576

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2025 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: *ORION PERSONAL CARE* License #: *45576* License Expiration: *07/09/2026*
 Address: *2191 FERGUSON ROAD, ALLISON PARK, PA 15101*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ORION CARE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/14/2024* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/16/2025*

Inspection Dates and Department Representative

09/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *10*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire Home* Capacity: *25* Residents Served: *10*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

09/16/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2025*

09/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/20/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2025*

Inspections / Reviews (*continued*)

09/30/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/02/2025

10/23/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/28/2025

01/22/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] annual medical evaluation, dated [redacted] did not include the resident's weight, and the immunization history did not indicate yes, no, or unknown for current immunization status, those areas of the form were left blank. Additionally, the medical evaluation did not indicate that the resident had a special health or dietary need that required secured dementia care and did not indicate dementia as a diagnosis.

Resident [redacted] annual medical evaluation, dated [redacted] did not indicate that the resident had a special health or dietary need that required secured dementia care and did not indicate dementia as a diagnosis.

Plan of Correction

Accept [redacted] - 09/29/2025)

141b1 - Annual Medical Evaluation

Plan: PCHA arranged to contact Resident [redacted] and [redacted] physicians who performed the medical evaluations and fix the omitted information on Resident [redacted] and [redacted] DME forms. PCHA spoke to the person who conducted evaluations and documented the changes on form. On 9/17/25 PCHA audited all resident files. Beginning 10/1/25 PCHA will conduct monthly audits of resident files to ensure continued compliance with regulations. PCHA will document audits on a Resident File Audit Form.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] - 01/22/2026)

187b - Date/Time of Medication Admin.

2. 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] was prescribed [redacted], take one tablet once daily on an empty stomach at 7:00 a.m. However, direct care staff person A administered the medication after 8:00 a.m. and then electronically altered resident [redacted]'s July 2025 medication administration record (MAR), August 2025 MAR, and September 2025 MAR to reflect 7:00 a.m. administration on dates to include:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

187d Follow Prescriber's Orders (continued)

PCHA conducted training for all med administration staff on proper med admin practices to include following prescriber orders. Beginning 10/1/25 PCHA or RCD will conduct monthly audits of medication carts and random audits of resident MAR.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 01/22/2026)

225c - Additional Assessment**4. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] did not include the resident's assessed dementia with behavioral disturbance that was indicated on the medical evaluation dated [REDACTED].

Resident [REDACTED] assessment, dated [REDACTED], did not include the resident's assessed dementia with behavioral disturbance that was indicated on the medical evaluation dated [REDACTED].

Plan of Correction

Directed [REDACTED] - 10/23/2025)

On 9/17/25 audited resident files and corrected the omission of the dementia with behavioral disturbance on Resident 1 and 2 Assessments. On 9/22/25 PCHA educated all personnel that complete assessments to ensure that diagnosis information on assessments match those of the Documented Medical Evaluation and that no areas of the form are incomplete. Beginning 10/1/25 monthly audits will be conducted of all resident assessments.

Proposed Overall Completion Date: 10/24/2025

DIRECTED

Within 24 hours of receipt of the plan of correction: The administrator shall update resident [REDACTED]s and Resident [REDACTED] assessments to include the missing information cited in the violation. JK 10/23/25

Within 24 hours of receipt of the plan of correction: The administrator shall conduct an initial audit of all resident assessments for accuracy and completeness, all newly completed assessments shall be subsequently audited. JK 10/23/24

Directed Completion Date: 10/24/2025

Implemented [REDACTED] - 01/22/2026)

227g -Support Plan Signatures**5. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED]s support plan, dated [REDACTED] indicated the resident signed on [REDACTED] however, there was no signature

227g - Support Plan Signatures (continued)

and no indication that the resident was unwilling, unable, declined to participate or refused to sign.

Resident [REDACTED] support plan, dated [REDACTED] indicated the resident signed on [REDACTED], however, there was no signature and no indication that the resident was unwilling, unable, declined to participate or refused to sign.

Resident [REDACTED] support plan, dated [REDACTED] did not include a date for the resident to sign, there was no signature and no indication that the resident was unwilling, unable, declined to participate or refused to sign.

Plan of Correction

Accept [REDACTED] - 09/29/2025)

227g - Support Plan Signatures

Plan: on 9/25/2025 PCHA presented resident's [REDACTED] and [REDACTED] with their RASP to obtain signatures to complete the form. On 9/17/25 PCHA conducted audits of all resident files. Beginning 10/1/25 PCHA will conduct monthly audits of resident files to ensure compliance including that all required signatures are obtained and any refusals indicated. PCHA will document audits on a Resident File Audit Form

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 01/22/2026)

231f - Assessed Annually**6. Requirements**

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident [REDACTED] was assessed for the need for a Secure Dementia Care Unit (SDCU) on [REDACTED] and was not assessed again.

Resident [REDACTED] was assessed for the need for a Secure Dementia Care Unit (SDCU) on [REDACTED] and was not assessed again.

Plan of Correction

Accept [REDACTED] - 09/29/2025)

231f - Assessed annually

Plan: On 9/25/2025 PCHA contacted Resident [REDACTED] and [REDACTED] physicians to have them assessed for continued need for SDCU. On 9/17/25 PCHA conducted audits of all resident files. Beginning 10/1/25 PCHA or RCD will conduct monthly audits of resident files to ensure compliance. PCHA or RCD will document audits on a Resident File Audit Form

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 01/22/2026)