

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

November 10, 2025

[REDACTED]
ELIZABETH SETON CARE CENTER
[REDACTED]
[REDACTED]

RE: ELIZABETH SETON MEMORY CARE
CENTER
129 DEPAUL CENTER ROAD
GREENSBURG, PA, 15601
LICENSE/COC#: 44577

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2025 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: ELIZABETH SETON MEMORY CARE CENTER License #: 44577 License Expiration: 09/14/2026
 Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: ELIZABETH SETON CARE CENTER
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/27/1999 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2025

Inspection Dates and Department Representative

09/25/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 11
 Secured Dementia Care Unit
 In Home: Yes Area: Seton Memory Care Capacity: 24 Residents Served: 11
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

09/25/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2025

11/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/05/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/06/2025

Inspections / Reviews *(continued)*

11/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65i Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff person A's annual training for training year [redacted] does not include the dates the trainings were completed.

Plan of Correction

Accept [redacted] - 11/03/2025)

The missing training dates pertain to handout-based education. Staff are given one month to complete each handout, beginning on the first of the month.

To ensure compliance moving forward:

A date line will be added to all handouts for staff to record the date of completion.

An Education Completion Log has been created to accompany all handouts, documenting staff name, training title, and date completed.

For in-person trainings, existing sign-in sheets already include all required elements: staff name, date, source, content, and length of training (State Model Form).

The Administrator or designee is responsible for making sure all education logs have been filled out, signed, and dated.

These procedures will be used consistently to ensure future compliance.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 11/10/2025)

132c Fire Drill Records

2. 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 fire drill records for the drills conducted [redacted] document total evacuation times in minutes only. No seconds are documented.

Plan of Correction

Accept [redacted] - 11/03/2025)

The Administrator sent a memo to all staff responsible for conducting and documenting fire drills outlining documentation requirements. The memo emphasized the use of a stopwatch or timer and the need to record evacuation times in minutes and seconds.

Staff were advised to use the unit phones' stop watch to ensure accurate tracking. They were informed that assistance with timing tools is available through the Administrator, RCD, or ARCD.

The Administrator will continue monthly audits to verify that evacuation times are recorded accurately and in

132c - Fire Drill Records (continued)

compliance with §2600.132(c).

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 11/10/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [redacted] is prescribed [redacted] take by mouth every 6 hours as needed for anxiety. However, the pharmacy label indicated to give as needed for restlessness/agitation.

Plan of Correction

Accept ([redacted] - 11/03/2025)

The administrator contacted the pharmacy to clarify and correct the label to match the prescriber's intent: "as needed for anxiety." The pharmacy came and picked up the medication and returned it after it was labeled correctly. Staff were informed of the labeling discrepancy and reminded to verify that pharmacy labels match the MAR and physician orders. A memo was distributed outlining the importance of label accuracy; all med techs were to read and sign. Monthly audits of medication labels and MARs will be conducted to ensure continued compliance by 2 med techs, and the forms are saved for reference and review by the Administrator/RCD or ARCD.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 11/10/2025)

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 [redacted] is prescribed [redacted] tab, 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 2 p.m.

Resident [redacted] is prescribed [redacted] apply twice daily to both knees. Resident [redacted]'s September 2025 medication administration record does not include the initials of the staff person who administered this medication on [redacted] and [redacted] at 0700-15.

Resident [redacted] is prescribed [redacted], apply topically to arms, leg, and back every other day for dry skin. 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 a.m.

Resident [redacted] is prescribed [redacted] Unit, take 1 tablet by mouth once daily for supplement. However,

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

resident [REDACTED]'s September 2025 medication administration record does not include the initials of the staff person who administered this medication on [REDACTED] at 8:00 a.m.

Plan of Correction**Accept [REDACTED] - 11/03/2025)**

The September 2025 MARs for Residents [REDACTED] and [REDACTED] were reviewed by the ARCD, and the Staff responsible for the missing entries were identified; they then added their initials where verified.

A memo was distributed by the Administrator to all medication administration staff, reminding them that documentation must be done at the time the medications are administered.

Audits are to be conducted daily by the person administering medication oncoming and the person administering medication outgoing. The administrator/RCD or ARCD will conduct random weekly checks in addition to the usual monthly checks.

Staff with repeated omissions will receive individual coaching and, if necessary, progressive disciplinary action.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [REDACTED] - 11/10/2025)