

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

November 17, 2025

[REDACTED]
GRAYSFUL LIVING LLC
[REDACTED]

RE: GRAYSFUL LIVING LLC
45 SOUTH MT. VERNON AVE.
UNIONTOWN, PA, 15401
LICENSE/COC#: 45642

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2025 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: GRAYSFUL LIVING LLC License #: 45642 License Expiration: 04/30/2026
Address: 45 SOUTH MT. VERNON AVE., UNIONTOWN, PA 15401
County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

Name: GRAYSFUL LIVING LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 10/01/2025

Inspection Dates and Department Representative

10/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 29 Residents Served: 8

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 1
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/01/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/18/2025

10/17/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/23/2025

Inspections / Reviews *(continued)*

10/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/05/2025

11/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

No Pennsylvania criminal background check was completed for direct care staff person A, who was hired on [REDACTED].

Plan of Correction

Accept [REDACTED] 10/24/2025)

Staff person A quit on 9/19/2025 due to care troubles. Staff member came back 9/28/2025 and administrator had started a new file. The staff member quit again on 10/02/2025. Administrator reviewed all other staff files on 10/02/2025 to ensure criminal backgrounds were completed and in files. Administrator will review staff files monthly starting 10/2/2025. Administrator will review new staff files weekly starting 10/23/2025 until they are completed and then monthly afterwards. Documentation of checks will be kept. A new hire list (attached) is being utilized as of 10/2/2025.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 11/17/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

No high school diploma, GED or active registry status on the Pennsylvania nurse aide registry was present for direct care staff person A, who was hired on [REDACTED]. Direct care staff person A regularly provides ADL assistance to residents.

Plan of Correction

Accept [REDACTED] - 10/24/2025)

Staff person A quit on 9/19/2025 due to car troubles. Staff member came back 9/28/2025 and administrator had started a new file. The staff member quit again on 10/02/2025. This staff member had proof of GED. Administrator had started a new file and it was not completed. Administrator reviewed all other staff files on 10/02/2025 to ensure competency tests are were completed and in files. Administrator will review staff files monthly starting 10/2/2025. Administrator will review new staff files weekly until they are completed starting 10/23/2025 and then monthly afterwards. A new staff file check list is being utilized as of 10/2/2025. Documentation of checks will be kept. Proof of GED attached.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented [REDACTED] - 11/17/2025)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training (continued)

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], has not successfully completed and passed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Accept [REDACTED] 10/24/2025)

Staff person A quit on 9/19/2025 due to care troubles. Staff member came back 9/28/a2025 and administrator had started a new file. The staff member quit again on 10/02/2025. This staff member does have state approved competency test but was placed in new file that was not ready. Administrator reviewed all other staff files on 10/02/2025 to ensure competency tests are were completed and in files. Administrator will review staff files monthly as of 10/2/2025. Administrator will review new staff files weekly starting 10/23/205 until they are completed and then monthly afterwards. A staff file checklist is being utilized as of 10/2/2025. Documentation of checks will be kept.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented [REDACTED] - 11/17/2025)

102h - Toilet Paper

4. Requirements

- 2600.
- 102.h. Toilet paper shall be provided for every toilet.

Description of Violation

At approximately 9:15am, there was no toilet paper present at the toilet in the common basement bathroom.

At approximately 9:20am, there was no toilet paper present at the toilet in the common ground floor bathroom in the stairwell

Plan of Correction

Directed [REDACTED] - 10/24/2025)

Toilet paper was placed in both bathrooms that were cited immediately. Administrator checked all bathrooms and stock on toilet paper on 10/01/2025. Adm spoke to residents about taking the rolls after finding 7 rolls in bedrooms. Extra toilet paper will be kept on hand. Adm will check daily starting 10/16/25 and staff will check on designated shifts to ensure toilet paper is in bathrooms. Documentation will be kept. (DIRECTED: All bathrooms shall be checked during each daily audit to ensure compliance with 2600.102h. [REDACTED] 10/24/25).

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 10/24/2025

Implemented [REDACTED] - 11/17/2025)

183b - Meds and Syringes Locked

5. Requirements

183b - Meds and Syringes Locked (continued)

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.

Description of Violation

At 9:00am, the medication cart in the home's kitchen was unlocked, unattended and accessible and contained numerous medications for numerous residents, to include the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed [REDACTED] 10/24/2025)

Staff on duty MS immediately locked the med cart on 10/01/2025. Administrator had a staff meeting on 10/2/25 to explain the importance of keeping medication cart locked at all times. Administrator will check daily and keep documentation of checks starting 10/16/25. Staff will receive education pertaining to 2600.183b on 10/22/2025. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/24/25).

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 10/24/2025

Implemented [REDACTED] - 11/17/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident [REDACTED]'s [REDACTED] were not labeled with resident [REDACTED] name.

Plan of Correction

Directed [REDACTED] - 10/24/2025)

See attached. The staff did not place the eye drops back in the labeled medication container that was provided for the eye drops. Administrator pulled the medication bottle that had the pharmacy label out of the drawer and placed the eyedrops in the bottle that it should have been in on 10/2/2025. Administrator had a staff meeting on 10/2/2025 to address and will have staff education by medication trainer on 10/22/25. Administrator will complete full medication record audit on all residents by 10/22/25. Documentation of training and audit will be kept.

DIRECTED: Beginning on 10/28/25: The administrator/designee shall review all resident medications monthly to ensure compliance with 2600.184b. [REDACTED] 10/24/25

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 10/28/2025

Implemented [REDACTED] - 11/17/2025)

187b - Date/Time of Medication Admin.

7. Requirements

2600.

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

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

Description of Violation

Numerous residents were administered medications on the morning of [REDACTED]; however, none of the resident October 2025 medication administration records (MAR's) were initialed by staff persons indicating the medications were administered on the morning of [REDACTED] to include the following residents and medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED]'s September 2025 MAR does not include the initials of the staff person who administered the following medications to resident [REDACTED] or [REDACTED]

- [REDACTED]-Take 1 tablet by mouth 3 times daily, which was not documented as administered at 4:00pm and 8:00pm
- [REDACTED]-Take 1 tablet by mouth at bedtime
- [REDACTED]-Take 1 capsule by mouth at bedtime

Resident [REDACTED] September 2025 MAR does not include the initials of the staff person who administered numerous medications to resident [REDACTED] or [REDACTED], to include the following:

- [REDACTED]-Take 1 tablet by mouth twice a day, which was not documented as administered at 8:00pm
- [REDACTED]-Apply topically to affected areas of feet twice a day, which was not documented as administered at 8:00am and 8:00pm
- [REDACTED] tablet-Take 1 tablet by mouth at bedtime

Resident [REDACTED]'s September 2025 MAR does not include the initials of the staff person who administered numerous medications to resident [REDACTED] or [REDACTED], to include the following:

- [REDACTED] tablet-Take 1 tablet by mouth twice a day, which was not documented as administered at 8:00pm
- [REDACTED]-Take 1 tablet by mouth at bedtime
- [REDACTED]-Take 1 tablet by mouth at bedtime

Resident [REDACTED] is currently prescribed the following medications. These medications have not been administered to resident [REDACTED] since on or around [REDACTED] because the medications were not available in the home for administration; however, the medications were documented as administered on resident [REDACTED] September 2025 MAR daily from [REDACTED] through [REDACTED]

- [REDACTED]-Take 1 capsule by mouth once a day
- [REDACTED]-Take 1 tablet by mouth once a day
- [REDACTED]-Take 1 tablet by mouth twice a day

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

Plan of Correction

Directed [REDACTED] - 10/24/2025)

Administrator is completing a full audit on Mar and med cart to be completed and rechecked by 10/22/2025. Staff was not following medication administration policy and assumed all medications were present. The staff members who were not following the MAR have been written up on 10/22/2025 and educated on the importance of following the MAR at all times. Medication observations and reviews were completed by the medication trainer from 10/ will review med book daily until 11/1/25 then weekly to ensure medication book is signed and accurate. (DIRECTED: Beginning on 11/1/25: The administrator shall review all resident MAR's weekly to ensure accurate and complete medication administration documentation is present in accordance with 2600.187b. Documentation of the audits shall be kept for 1 month. [REDACTED] 10/24/25). Medication training is scheduled for 10/22/2025. Documentation of training and checks will be kept.

DIRECTED: By 11/5/25: The administrator shall re educate all staff persons qualified to administer medications on the home's medication administration procedures, which includes ensuring resident MAR's are documented by staff persons immediately following medication administration before administering medications to the next resident. Documentation of the staff education shall be kept. [REDACTED] 10/24/25

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 11/05/2025

Implemented [REDACTED] - 11/17/2025)

187d - Follow Prescriber's Orders

8. Requirements

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

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] capsule Take 1 capsule by mouth 4 times daily as needed for anxiety. At approximately 11:30am, agents of the Department witnessed resident [REDACTED] ask direct care staff person A for this medication; however, this medication was not administered to resident [REDACTED] at the time of request, because the medication was not available in the home for administration.

Resident [REDACTED] is currently prescribed the following medications; however, the medications have not been administered to resident [REDACTED] since on or around [REDACTED], because the medications were not available in the home for administration:

- [REDACTED] Take 1 capsule by mouth once a day
- [REDACTED] tablet Take 1 tablet by mouth once a day
- [REDACTED] tablet Take 1 tablet by mouth twice a day

Plan of Correction

Directed [REDACTED] - 10/24/2025)

Resident [REDACTED] PRN medications were refilled same day. Medication audit was completed on this resident on 10/2/2025 ensuring accuracy. Administrator will check weekly to ensure all medications are present starting 10/16/2025. Resident [REDACTED] is not on the medications listed above but the resident medications were audited on 10/16/2025 ensuring accuracy. Entire med audit will be complete to coincide with medication tech training on 10/22/2025.

187d - Follow Prescriber's Orders (continued)

Documentation of education and med audits will be kept.

DIRECTED: By 10/28/25: The administrator shall review all of resident [REDACTED] medications, MAR's and current physician orders to ensure all prescribed medications are present in the home and available for administration. The review shall also ensure documentation is present from the physician for any medications that have been discontinued. [REDACTED] 10/24/25

DIRECTED: By 11/5/25: The administrator shall re-educate all staff persons qualified to administer medications on the home's medication administration procedures, which includes the home's procedures for re-ordering medications prior to depleting the current supply to ensure all prescribed medications are present in the home and available for administration in accordance with prescribers' orders. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 10/24/25

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 11/05/2025

Implemented ([REDACTED] - 11/17/2025)