

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

November 3, 2025

[REDACTED]
GRAND RESIDENCE OF UPPER ST CLAIR INC
[REDACTED]

RE: THE GRAND RESIDENCE AT UPPER
ST. CLAIR
45 MCMURRAY ROAD
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 43232

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2025, 10/07/2025 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: THE GRAND RESIDENCE AT UPPER ST. CLAIR License #: 43232 License Expiration: 11/16/2025
Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241
County: ALLEGHENY Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: GRAND RESIDENCE OF UPPER ST CLAIR INC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 2 LP Date: 07/30/1999 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/07/2025

Inspection Dates and Department Representative

10/06/2025 On Site: [Redacted]
10/07/2025 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 85	Residents Served: 68		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 11			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 68		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 27	Have Physical Disability: 0		

Inspections / Reviews

10/06/2025 - Full
Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 10/19/2025

Inspections / Reviews *(continued)*

10/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted [REDACTED] "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, on [REDACTED] at approximately 10:20 a.m., there was no carbon monoxide detector in the home's mechanical room, which had a gas operated Hot Point clothes dryer and a gas operated Dexter commercial grade clothes dryer

Plan of Correction

Accept [REDACTED] - 10/20/2025)

On 10/6/2025, there was a carbon monoxide detector within approximately 44 and 51 feet from the Hot Point clothes dryer and the Dexter commercial grade clothes dryer.

Per the guidance of the license representative, installation of a detector approximately 20 and 27 feet from the Hot Point clothes dryer and the Dexter commercial grade clothes dryer was completed on the morning of 10/7/2025 while the licensing representative was on the premises.

A walk through of the building was completed on 10/7/2025 by the Maintenance Director and Staff Manager to ensure that the building is in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

A photo of the installed detector will be submitted when SansWrite permits.

A monthly walk through of the building by the Maintenance Director or their designee will be completed to ensure compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

A log will be completed monthly to track and ensure compliance.
Completion Date: 10/7/2025 and ongoing.

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

Implemented [REDACTED] - 11/03/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 11:17 a.m., in resident room [REDACTED]-M belonging to resident [REDACTED] the bathroom ceiling exhaust fan had a build-up of fibrous white dust covering the louvers of the vent cover.

On [REDACTED] at approximately 11:40 a.m., in resident room [REDACTED]-I belonging to resident [REDACTED] the bathroom ceiling exhaust fan had a build-up of fibrous white dust covering the louvers of the vent cover.

85a Sanitary Conditions (continued)

On [REDACTED] at approximately 12:06 p.m., in resident room [REDACTED] M belonging to resident [REDACTED], the bathroom ceiling exhaust fan had a build up of white cobwebs covering the louvers of the vent cover.

On [REDACTED] at approximately 12:19 p.m., in resident room [REDACTED] I belonging to resident [REDACTED], the bathroom ceiling exhaust fan had a build up of fibrous white dust covering the louvers of the vent cover.

Plan of Correction

Accept [REDACTED] - 10/20/2025)

On 10/6/2025, the dust was cleaned off the louvers of the vent covers in room [REDACTED] belonging to resident [REDACTED], in [REDACTED] belonging to resident [REDACTED], in [REDACTED] belonging to resident [REDACTED] and in [REDACTED] belonging to resident [REDACTED] by the maintenance staff.

On 10/6/2025, all the vent covers in the bathrooms of the building were checked for dust or debris and cleaned if necessary.

Photos of the cleaned louvers of the vent covers by the maintenance staff in room [REDACTED] belonging to resident [REDACTED], in [REDACTED] belonging to resident [REDACTED], in [REDACTED] belonging to resident [REDACTED] and in [REDACTED] belonging to resident [REDACTED] will be submitted when Sans Writ permits.

All the vent covers in the bathrooms of the building will be checked for dust or debris and cleaned if necessary monthly by the maintenance staff.

The Maintenance Director or Staff Manager will check all the vent covers in the bathrooms of the building monthly to ensure compliance with keeping sanitary conditions.

The monthly maintenance to do list with a signature/initial area will be submitted when SansWrite permits.
Completion Date: 10/6/2025 and ongoing.

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

Implemented [REDACTED] - 11/03/2025)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 11:40 a.m., in resident room [REDACTED] I belonging to resident [REDACTED] the stainless steel grab rail located on the bathroom wall above the toilet's water tank was loosely attached to the wall with only two screws out of the six screws that should have attached the grab rail to the wall

Plan of Correction

Accept [REDACTED] - 10/20/2025)

On 10/6/2025, our maintenance director securely attached the grab bar to the wall in room [REDACTED] belonging to resident [REDACTED].

95 - Furniture and Equipment (continued)

All grab bars in the building were checked on 10/6/2025 and are securely attached, in good repair, clean and free of hazards.

All the grab bars in the building will be checked monthly to ensure they are in good repair, clean and free of hazards by the maintenance staff.

The maintenance director or staff manager will check all the grab bars monthly to ensure they are in good repair, clean and free of hazards.

The monthly maintenance to do list with a signature/initial area will be submitted when SansWrite permits.

Completion Date: 10/6/2025, 10/15/2025, 10/31/2025 and ongoing

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

Implemented [REDACTED] 11/03/2025)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED] at approximately 10:20 a.m., there was a 1-gallon plastic Ziploc baggie with approximately 15-20 frozen raviolis dated 10-9 that were left open and unprotected from freezer burn stored in the kitchen's walk-in freezer.

On [REDACTED] at approximately 10:22 a.m., there was a 1-gallon plastic Ziploc baggie with approximately 2 frozen pieces of breaded fish dated 5-15 that were left open and unprotected from freezer burn stored in the kitchen's walk-in freezer.

On [REDACTED] at approximately 10:23 a.m., there were approximately 3 dozen frozen wedding balls in a plastic bag placed inside a 1-gallon plastic Ziploc baggie dated 10/5 that were left open and unprotected from freezer burn stored in the kitchen's walk-in freezer.

On [REDACTED] at approximately 10:24 a.m., there was a 12.5-pound box of approximately 3 dozen or more 6-inch garlic bread sticks laying loosely in a plastic bag that were left open and unprotected from freezer burn stored in the kitchen's walk-in freezer.

On [REDACTED] at approximately 10:26 a.m., there was a 5-pound plastic bag of blue cheese crumbs in a 1-gallon plastic Ziploc baggie dated 8/12 that was left open and unprotected from exposure stored in the kitchen's walk-in refrigerator.

Plan of Correction

Accepted [REDACTED] 10/20/2025)

On 10/6/2025, the Ziploc bags and containers of food were secured and protected from exposure in the walk-in freezer.

103c - Food Protected (continued)

The chefs and culinary staff were educated on the importance of protecting food from contamination while being stored, prepared, transported and served on 10/6/2025.

On 10/6/2025, all food containers were checked by the Executive Chef to ensure they were closed securely.

Every shift the chef on duty will check that all food containers are closed or sealed securely to prevent contamination while being stored, prepared, transported and served.

They will sign the log that will be submitted once SansWrite permits.

Weekly, the executive chef will check that all food containers are closed or sealed securely to prevent contamination while being stored, prepared, transported and served.

Completion Date: 10/6/2025 and ongoing.

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

Implemented [REDACTED] - 11/03/2025)

131f - Fire Extinguisher Inspection**5. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located in the homes 2016 Ford Econoline bus had a tag indicating that it was last inspected by a fire safety expert in April 2024.

Plan of Correction

Accept [REDACTED] - 10/20/2025)

On 10/6/2025, our staff manager contacted Johnson Controls, the subcontractor that checks and inspects the fire extinguishers annually.

Our staff manager informed them that when they checked and inspected the fire extinguishers in March of 2025, they failed to put an updated tag indicating that inspection had been completed on the fire extinguisher in the bus.

Johnson Controls indicated they would come and rectify their mistake. On 10/15/2025, Johnson Controls came and updated the tag.

A photo will be submitted when SansWrite permits.

Annually and as needed, our staff manager or designee will ensure all the fire extinguishers are tagged correctly after they are inspected.

Completion Date: 10/6/2025, 10/15/2025 and ongoing.

131f - Fire Extinguisher Inspection (*continued*)

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

Implemented [REDACTED] - 11/03/2025)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED]'s, medical evaluation, dated [REDACTED] indicates 'see attached' for immunization history and is otherwise blank; however, there is no attached immunization schedule/history attached.

Plan of Correction

Accept [REDACTED] - 10/20/2025)

On 10/06/25 Resident [REDACTED] chart was audited by our wellness coordinator, and the immunization schedule /history was found filed in the back of their chart.

The Administrator provided the Department Representative [REDACTED] the incorrectly filed information. Department Representative [REDACTED] stated the information needs to be directly behind the DME. The Administrator attached the information directly behind the DME and put it into their chart.

The wellness coordinator, their designee and the community development director were educated on the importance of reviewing medical evaluations according to 2600 141(a) and ensuring all attachments are attached. This education was completed by the Administrator and the Assistant Administrator on 10/15/2025.

The medical evaluation for all current residents will be reviewed by the Wellness coordinator and/or their Designated Person to ensure that all attachments are directly behind the DME and that all sections are completed. This review will be completed by 10/31/2025.

On an ongoing basis, all new or updated medical evaluations will be reviewed when received by the wellness coordinator, their designee, and/or the community development director.

A log will be kept documenting these reviews of medical evaluations.

The Administrator or their designee will review all new or updated medical evaluations monthly to ensure they are

141a 1 10 Medical Evaluation Information (continued)

completed correctly and that any attachments are directly attached.
 Completion Date: 10/6/2025, 10/15/2025, 10/31/2025 and ongoing.

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

Implemented (█ - 11/03/2025)

141b2 - Medical Evaluation Changes**7. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident █s, most recent medication evaluation, dated █ does not indicate the resident's health status or cognitive functioning, and it also indicates that the resident requires dementia related care in a secure area.

Plan of Correction

Accept (█ 10/20/2025)

Resident █'s most recent medication evaluation, dated 7/16/25, was amended on 10/8/2025 by their designated healthcare professional. Resident █'s designated healthcare professional visited Resident █ and completed and corrected the health status, cognitive functioning, and whether a secure dementia unit was required. Resident █ health status and cognitive functioning was completed and the resident's requirement for dementia related care in a secure area was also corrected to not needing a secure dementia unit. All updated areas were dated, initialed, and signed by their designated healthcare professional.

This DME will be submitted when permitted by SansWrite.

The wellness coordinator, their designee and the community development director were educated on the importance of reviewing medical evaluations according to 2600 141(a) and ensuring all attachments are attached.

This education was completed by the Administrator and the Assistant Administrator on 10/15/2025.

The medical evaluation for all current residents will be reviewed by the Wellness coordinator and/or their Designated Person to ensure that all attachments are directly behind the DME and that all sections are completed. This review will be completed by 10/31/2025.

On an ongoing basis, all new or updated medical evaluations will be reviewed when received by the wellness coordinator, their designee, and/or the community development director.

A log will be kept documenting these reviews of medical evaluations.

The Administrator or their designee will review all new or updated medical evaluations monthly to ensure they are completed correctly and that any attachments are directly attached.

Completion Date: 10/8/2025, 10/31/2025 and ongoing.

141b2 Medical Evaluation Changes *(continued)*

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

Implemented [REDACTED] - 11/03/2025)