

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

December 15, 2025

[REDACTED]
BUTLER AL, LLC
[REDACTED]

RE: THE ADDISON OF LOWRIE PLACE
100 STIRLING VILLAGE DRIVE
BUTLER, PA, 15401
LICENSE/COC#: 45501

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2025 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 ADDISON OF LOWRIE PLACE* License #: *45501* License Expiration: *06/11/2026*
 Address: *100 STIRLING VILLAGE DRIVE, BUTLER, PA 15401*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BUTLER AL, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/07/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *10/17/2025*

Inspection Dates and Department Representative

10/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *47* Residents Served: *41*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

10/17/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/16/2025*

11/25/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/01/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/02/2025*

Inspections / Reviews *(continued)*

12/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar attached to resident [redacted] bed was not securely attached, moving approximately 2 – 3 inches back and forth. An area approximately 12 inches wide and 7 ½ inches high was exposed, posing a potential entrapment hazard.

Plan of Correction

Accept [redacted] - 11/25/2025)

- On 10/17/2025, immediately upon discovering loose enabler bar, Executive Director spoke with resident's son and explained the safety concerns of the loose enabler. Son was in agreement to remove enabler bar from the bed.
- On 10/17/2025, Director of Plant Operations removed enabler bar from resident [redacted] bed.
- On 10/17/2025, Director of Plant Operations conducted an audit of any other enabler bars attached to resident's beds to ensure they are in compliance and also meet the criteria of company approved alternative mobility devices. The results of the audit were reviewed by the Executive Director, and any discrepancies were addressed/removed.
- Beginning 10/20/2025, weekly for three months, Director of Plant Operations or designer will conduct an audit to ensure any company approved devices in the community are properly installed and free of hazards.
- The results of the audit and regulation 2600.81b will be discussed at the quarterly Quality Assurance review by the Executive Director with the current directors in attendance.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ([redacted] - 12/15/2025)

93a - Handrails

2. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The concrete landing outside of bedroom [redacted] was approximately 7 inches above the ground. There was no handrail present, posing a fall hazard.

The concrete landing outside of bedroom [redacted] was approximately 7 inches above the ground. There was no handrail present, posing a fall hazard.

Plan of Correction

Accept [redacted] - 11/25/2025)

- On 10/17/2025, immediately upon discovering 7" step down from outside landings, Director of Plant Operations

93a - Handrails (continued)

and Executive Director inspected all other landings to ensure no other areas posed a fall hazard.

- Local landscaping company is scheduled to be at the community on 11/12/2025 to fill in dirt around the two landings that have settled to eliminate the step down.
- Beginning 10/20/2025, weekly for three months, Director of Plant Operations or designee will conduct an audit to ensure ground around the landings is stable and that step down is no longer present. The results of the audit will be reviewed by the Executive Director and a plan to address any discrepancies will be discussed with the Regional Plant Operations Director and Regional Director of Operations.
- The results of the audit and the regulation 2600.93a will be discussed at the quarterly Quality Assurance review by the Executive Director with current directors in attendance.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 12/15/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the #3 freezer in the kitchen.

Plan of Correction

Accept [redacted] - 11/25/2025)

- On 10/17/2025, immediately upon discovering missing thermometer, Director of Dining Services placed thermometer in #3 freezer.
- On 10/17/2025, Executive Director inspected all other refrigerators and freezers to ensure thermometers were present.
- Beginning 10/20/2025, weekly for three months, Director of Dining Services or designee will conduct audit to ensure thermometers are present in all refrigerators and freezers. Executive Director will review results of weekly audit.
- The results of the audit and regulation 2600.103f will be discussed at the quarterly Quality Assurance review by the Executive Director and current directors in attendance.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 12/15/2025)

225a - Assessment 15 Days

4. Requirements

225a - Assessment 15 Days (*continued*)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] has an enabler bar attached to [REDACTED] bed for repositioning and transferring. However, resident [REDACTED] assessment, dated [REDACTED], does not indicate:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- If a cover is required to meet FDA guidelines

Plan of Correction

Accept ([REDACTED] - 11/25/2025)

- On 10/17/2025, Director of Plant Operations removed enabler bar from resident [REDACTED]'s bed. On same date, Health and Wellness Director updated RASP to reflect this change.
- On 10/20/2025, Health and Wellness Director completed audit of all other residents' RASPs with company approved devices to ensure the following are included: specific need for device, intended use, any risks associated with device, the resident's ability to use device safely for the intended purpose, and whether a cover is required to meet FDA guidelines.
- Beginning 10/20/2025, Executive Director and/or Health and Wellness Director will discuss the need for any new alternative mobility devices with resident, family, physician, and home health/hospice, as appropriate. Executive Director will review any new/additional RASPs for residents with company approved devices to ensure the above information is indicated.
- The results of this review and regulation 2600.225a will be discussed at the quarterly Quality Assurance review by the Executive Director and current directors in attendance.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ([REDACTED] 12/15/2025)