

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

December 1, 2025

[REDACTED]
GRACEFUL CARE LIVING SOUTH, LLC
[REDACTED]
[REDACTED]

RE: GRACEFUL CARE LIVING SOUTH
145 BROADLAWN DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 45628

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2025 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: GRACEFUL CARE LIVING SOUTH License #: 45628 License Expiration: 07/14/2026
 Address: 145 BROADLAWN DRIVE, ELIZABETH, PA 15037
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRACEFUL CARE LIVING SOUTH, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 10/22/2025

Inspection Dates and Department Representative

10/22/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 91 Residents Served: 11
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 11
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

10/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2025

11/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/24/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/18/2025

Inspections / Reviews *(continued)*

11/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/24/2025

12/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 1:20pm, there were numerous empty medications cards containing pharmacy labels unlocked, unattended and accessible on top of the medication cart in the nurse's station, to include resident [REDACTED] s [REDACTED] tablets and resident [REDACTED] tablets.

Plan of Correction

Directed [REDACTED] 11/19/2025)

Response to Violation 2600.17

Resident(s) Involved: [REDACTED]

Regarding violation of 2600.17, which pertains to the confidentiality of resident records.

Upon review of the incident, we have identified the following:

That there were numerous empty medications cards containing pharmacy labels unlocked, unattended and accessible on top of the medication cart in the nurse's station, to include resident #4's medication.

The Med Tech left nurses' station to answer a residents call bell. [REDACTED] inadvertently left the medication [REDACTED] was restocking on the med cart and left the med room door open.

Immediate Remediation:

- After being informed by the inspector, the Med Tech immediately ensured that all medications were placed in their designated compartments within the medication cart and secured the medication cart by locking it.
- The staff member involved was counseled one on one with administrator regarding confidentiality of residents.
- Policy Review and Reinforcement:
- All staff were reissued the facility's confidentiality policy on 10/24/25 and required to sign an acknowledgment of understanding.
- Posters and reminders were placed in staff areas to reinforce confidentiality protocols.

Training and Education:

- A mandatory in-service training on resident rights and record confidentiality will, be conducted on November 10, 2025.
- Ongoing quarterly training sessions will be scheduled to ensure continued compliance.
- The Administrator shall perform a weekly walkthrough to verify that all resident records are maintained in a locked and secure location. (DIRECTED: The weekly administrator walkthroughs shall begin on 11/24/25. [REDACTED] 11/19/25).

Proposed Overall Completion Date: 11/17/2025

17 - Record Confidentiality (continued)

Directed Completion Date: 11/24/2025

Implemented [REDACTED] - 12/01/2025)

183b - Meds and Syringes Locked

2. Requirements

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 approximately 1:20pm, there were 4 tablets of resident [REDACTED] s [REDACTED] tablets unlocked, unattended and accessible on top of the medication cart in the nurse's station.

Plan of Correction

Directed [REDACTED] - 11/19/2025)

Regarding Violation 2600.183bb

Resident Involved: #5

Regarding violation of 2600.183b, which pertains to medication being in a locked area.

Upon review of the incident, we have identified the following:

That there was medication unlocked, unattended and accessible on top of the medication cart.

The Med Tech left nurses' station to answer a residents call bell. [REDACTED] inadvertently left the medication [REDACTED] was restocking on the med cart and left the med room door open.

Immediate Remediation:

The staff member involved was counseled released of [REDACTED] duties for the rest of [REDACTED] shift and a one on one with administrator regarding the proper procedures of handling of medication on 10/24.

After being informed by the inspector, the Med Tech immediately ensured that all medications were placed in their designated compartments within the medication cart and secured the medication cart by locking it.

Training and Education:

The involved med tech, along with all med techs in the facility, will participate in an in-service training conducted by a certified Train-the-Trainer. This session will focus on proper handling and procedures related to medication management. The training is expected to be completed by 11/22/25. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 11/19/25).

The Administrator or designee will conduct monthly audits of medication storage areas starting 11/1/25.

Proposed Overall Completion Date: 11/18/2025

183b - Meds and Syringes Locked (continued)

Directed Completion Date: 11/22/2025

Implemented ([redacted] 12/01/2025)

225a - Assessment 15 Days

3. Requirements

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] was admitted to the home on [redacted] however, resident [redacted] assessment was not signed by the assessor as completed until [redacted]

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 11/19/2025)

Regarding Violation 2600.225a

Resident involved: [redacted]

Admission Date: August 1, 2025, and RASP Completion Date: September 4, 2025

The Resident Assessment and Service Plan (RASP) was not completed within the required timeframe following admission. The delay was due to oversight by the former administrator.

New Administrator hired 9/1/25.

Cause of Violation:

Lack of oversight and follow-through by part time (20hr week) administrator and new administrator starting 9/1/25

Absence of a tracking system to monitor timely completion of assessments.

New Administrator completed RASP on 9/4/25.

Immediate Completion:

RASP for Resident [redacted] was completed on September 4, 2025.

Process Improvement:

Implementation of a RASP tracking log will be put into place to monitor due dates and completion status beginning 11/1/25.

Weekly review of assessment logs and checklist will be implemented by the Administrator will begin 11/27.

Follow-Up Monitoring:

Administrator will conduct bi-weekly audits for the next 3 months to ensure compliance. (DIRECTED: The bi-weekly audits shall begin on 11/24/25. Immediately following the bi-weekly audits, the administrator shall continue the audits monthly to ensure compliance with 2600.225a. [redacted] 11/19/25).

225a Assessment 15 Days (continued)

Any future delays will be documented and addressed immediately.

Responsible Party:
Administrator

Proposed Overall Completion Date: 11/18/2025

Directed Completion Date: 11/24/2025

Implemented [redacted] - 12/01/2025)

227a - Support Plan 30 Days

4. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] assessment, which was signed by the assessor as completed on [redacted], indicates resident [redacted] requires extensive supervision in the home and is minimally mobile; however, resident [redacted]'s support plan, which was signed by the assessor as completed on [redacted], does not indicate the description of the needs or a plan to meet resident # [redacted] supervision and mobility needs. These sections of resident [redacted]'s support plan indicate "N/A".

Plan of Correction

Accept [redacted] - 11/19/2025)

Regarding Violation of § 2600.227(a)

The RASP does not match the DME regarding supervision and mobility needs.

The resident's RASP failed to accurately reflect the supervision and mobility needs documented in the DME.

Corrective Action Taken

- The RASP for the affected resident [redacted] was immediately reviewed and revised to align with the DME.
- The updated RASP now accurately reflects the resident's need for supervision and assistance with mobility, as indicated by the medical professional in the DME.

Moving forward:

Systemic Correction

- All current resident RASPs have been completed as of 11/10/25
- A quarterly audit process will be established to review RASPs and DMEs for consistency
- Audit will begin November 10th and will include 10-15 residents.
- A checklist will be implemented during the RASP development process to verify alignment with the DME, especially regarding supervision, mobility, and other critical care needs.
 - A checklist will ensure timelines such as being completed within 30 days of admission.
 - Revised within 30 days after annual assessment or change in needs.
 - Required signatures

227a - Support Plan 30 Days (continued)

Check list has been made and implemented into residents' chart as of 11/10/25

- Any discrepancies found will be corrected immediately.

Licensee's Proposed Overall Completion Date: 11/18/2025

Implemented [redacted] - 12/01/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] is currently receiving home health services; however, resident # [redacted]'s support plan, which was signed by the assessor as completed on [redacted], does not include the services or frequency of services resident [redacted] is receiving from home health.

Plan of Correction

Directed ([redacted] 11/19/2025)

Plan of Correction for Violation of § 2600.227(d)

Violation: Failure to document that Resident [redacted] was receiving home care services in the RASP.

Corrective Action Steps:

Immediate Correction: The RASP for Resident #3 was reviewed and updated on 10/22/25 to include documentation of all home care services being provided, including provider name, type of service, frequency, and contact information.

Audit Process: A full audit of all current residents' RASPs will be completed by 10/30/25 to ensure compliance with § 2600.227(d).

Any missing documentation of external services will be corrected immediately.

Ongoing Monitoring: The Administrator will review all new and updated RASPs weekly for the next 90 days to ensure proper documentation of external services. (DIRECTED: The weekly reviews shall begin on 11/24/25. LM 11/19/25). After 90 days, reviews will be conducted monthly.

A RASP checklist for documenting external services such as Home Care or Hospice will be put into place 10/30/25

Check list has been made completed and implemented into residents' chart as of 11/10/25. By incorporating a

227d - Support Plan Medical/Dental (continued)

checklist it will help with compliance monitoring.

- It will verify all required elements are documented
- That updates are timely.

Responsible Party: Administrator

Proposed Overall Completion Date: 11/18/2025

Directed Completion Date: 11/24/2025

Implemented (- 12/01/2025)

251c - Standardized Forms

6. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident medical evaluation, which is dated and signed by the physician on is completed on the Department's updated medical evaluation form, which was not issued by the Department until June 2025 and was not in effect until .

Resident's medical evaluation, which is dated and signed by the physician on , is completed on the Department's updated medical evaluation form, which was not issued by the Department until June 2025 and was not in effect until .

Plan of Correction

Directed - 11/19/2025)

Regarding Violation 2600.251c

Plan of Correction

Deficiency:

DME documentation was not completed for two residents as required. The original forms were not filled out by the responsible staff.

The oversight occurred due to a lapse in the documentation process and lack of follow-up on incomplete forms.

Corrective Action Taken:

Upon assuming the role, the new administrator identified the missing documentation. promptly completed the DME forms using the updated format to ensure compliance and accuracy.

Administrator should have marked new DME's stating the original admission date DME's were missing from chart.

Systemic Changes to Prevent Recurrence:

251c Standardized Forms (continued)*Documentation Audit:*

A monthly audit process will be implemented to ensure all required DME forms are completed in a timely fashion and filed appropriately.

Administrator Review:

The administrator will conduct a weekly review of new admissions and DME needs to verify that documentation is initiated and completed within the required timeframe of admission.

Weekly Audit Procedure

The Administrator will conduct weekly audits beginning November 10, 2025. All documentation related to these audits will be recorded and maintained in the designated audit logbook. (DIRECTED: The weekly audits shall include a review of at least 1 resident record during each audit to ensure standard forms are in use in accordance with 2600.251c. [REDACTED] 11/19/25).

Person Responsible:

Administrator

Proposed Overall Completion Date: 11/18/2025

Directed Completion Date: 11/24/2025

Implemented [REDACTED] - 12/01/2025)