

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

December 23, 2025

[REDACTED] OWNER
LYTLES PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/24/2025 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: *LYTLE'S PERSONAL CARE HOME LLC* License #: *44391* License Expiration: *03/07/2026*
 Address: *4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *LYTLES PERSONAL CARE HOME LLC*
 Address: *4508 NATIONAL PIKE, MARKLEYSBURG, PA, 15459*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/23/1994* Issued By: *Labor and industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/24/2025*

Inspection Dates and Department Representative

11/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *29*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *24*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/24/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2025*

12/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

12/23/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:23 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand drying in the bathroom adjacent to the kitchen.

Plan of Correction Accept (█ - 12/23/2025)

On 11-24-2025 paper towels were immediately replaced in bathroom adjacent to kitchen at the time of survey. Admin or designee will monitor paper towels in bathroom to ensure towels are present so that sanitary conditions shall be maintained starting monthly on 11/25/2025.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)

86b - Bathroom

2. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At 11:07 a.m., the resident bathroom labeled "C" had an inoperable ventilation fan and there is no window.

Plan of Correction Accept (█ - 12/23/2025)

On 11-25-2025 a new operable exhaust fan was replaced in resident bathroom labeled "C" to ensure proper ventilation. Admin or designee will monitor monthly to ensure exhaust fan is working properly to ensure ventilation starting on 11-25-2025.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:56 a.m., there was an uncovered protruding screw, on the base of the toilet, posing a skin tear hazard, in the resident bathroom located on the second floor.

Plan of Correction Accept (█ - 12/23/2025)

On 11-24-2025 cover for protruding screw on toilet on second floor bathroom was ordered, on 11-26-2025 cover for protruding screw in resident bathroom located on the second floor was replaced. Admin or designee will start to monitor on 11-26-2025 monthly to ensure there are no screws protruding from toilet second floor bathroom that could pose a skin tear hazard.

Licensee's Proposed Overall Completion Date: 12/19/2025

88a - Surfaces (continued)

Implemented (█ - 12/23/2025)

133.1 - Exit Signs

4. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

At 11:04 a.m., there was no sign bearing the word EXIT over the second-floor emergency exit door.

Plan of Correction

Accept (█ - 12/23/2025)

Exit sign was placed over second floor emergency exit door on 11-24-2025 to ensure access to exit were marked with a readily viable sign indicating the direction to travel to the exit. All other doors were checked on 11-24-2025 to ensure that signs were present indicating direction of travel to exit door. Admin or designee will monitor exit door monthly to ensure exit signs are still in place and are visible starting 11-25-2025.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)

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 #1 began receiving hospice services on █ however, the resident's support plan, dated █ does not indicate the type or frequency of services provided by hospice.

Plan of Correction

Accept (█ - 12/23/2025)

On 11-25-2025 Resident #1 support plan was updated to show that Resident #1 began receiving hospice services on █ Resident #1 is receiving two day a week nursing visits, and five times a week aid visits, weekly pastor and social service visits █. When there is a decline or status change with a resident admin or designee will ensure to update support plan when indicated starting on 11-25-2025.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan dated, █ is not signed by the resident and does indicate if the resident was unable

227g -Support Plan Signatures (continued)

or refused to sign.

Plan of Correction**Accept (█ - 12/23/2025)**

On 11-25-2025 Resident #1 support plan was updated and signed. Moving forward admin or designee will monitor support plans to ensure individuals who participate in the development of the support plan shall sign and date the support plan starting on 11-25-2025.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)