

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

February 6, 2026

[REDACTED]
GREY'S COLONIAL ACRES LLC
[REDACTED]
[REDACTED]

RE: GREY'S COLONIAL ACRES
272 COLONIAL ROAD
KITTANNING, PA, 16201
LICENSE/COC#: 44640

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/25/2025 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: GREY'S COLONIAL ACRES License #: 44640 License Expiration: 01/16/2026
 Address: 272 COLONIAL ROAD, KITTANNING, PA 16201
 County: ARMSTRONG Region: WESTERN

Administrator

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

Legal Entity

Name: GREY'S COLONIAL ACRES LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/26/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 33 Waking Staff: 25

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/25/2025

Inspection Dates and Department Representative

11/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 38 Residents Served: 28
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

11/25/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/29/2025

01/06/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/03/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2026

Inspections / Reviews *(continued)*

01/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2026

01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/03/2026

02/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

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

Staff Member A was hired on [redacted]; however, the criminal background check was not requested until [redacted]

Plan of Correction

Accept [redacted] - 01/13/2026)

Prior to 11/25/2025 Inspectors did not require or state that Criminal background checks needed be completed on the day of hire, only that they be "in hand" within 30 days. Therefore an audit of employee records, by the Administrator, on 01/08/2026, of those hired prior to 11/25/2025, shows multiple background checks completed after their date of hire. As of 11/25/2025 all Criminal Background Checks will be requested on the date of hire. new employees hired on 12/1/2025 and on 12/08/2025 have record checks requested on the date of hire. We will continue, as we always have, to have new staff supervised until a completed Criminal Background Check returns. Administrators will request a Criminal Background Check while completing new hire paperwork, with the new hire, to ensure this violation does not occur again. The New Hire Checklist will be updated to reflect the requirement that the record check be requested on the new employees first day of work or prior to if possible. A monthly reminder will be added to the Administrators electronic Calendar on the 15th of each month, through 2026, then quarterly through 2027, to remind Administrator of the requirements of regulation 2600.51

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 02/06/2026)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely schedules staff to work overnight shifts (10 p.m. to 7 a.m. and 11 p.m. to 6 a.m.), including on [redacted], and [redacted], who are not trained in medication administration. However, multiple residents have medications prescribed for administration as needed during overnight hours. This includes Resident [redacted], who is prescribed [redacted], take one tablet by mouth two times daily as needed for [redacted].

Plan of Correction

Accept [redacted] - 01/13/2026)

The Administrator is on-duty to administer any PRN medications requested by residents overnight, beginning 11/25/2025. The Administrator has been meeting the PRN requests of residents anytime they are needed. However, the overnight Staff will be trained to administer medications following the Medication Administration Course by our Licensed Trainer(Administrator) by January 31st, 2026. Until then Administrators will continue to be On-duty to administer meds throughout the Overnight shifts when any PRN medications are requested. Administrators live on the property, and no overnight time off or vacation is or will be scheduled prior to 01/31/2026. Beginning 01/31/2026 the Administrator will ensure an employee trained in Medication administration is scheduled to work overnight when completing the weekly schedules.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] 02/06/2026)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Resident [REDACTED] has multiple poisonous cleaning chemicals stored in an unlocked bathroom cabinet, including Lysol Toilet Bowl Cleaner, which states: "If swallowed, immediately call a poison center or doctor." Resident # [REDACTED] does not secure these substances. Resident [REDACTED] is not assessed to be able to use or safely avoid poisonous substances.

Plan of Correction

Accept ([REDACTED] - 01/13/2026)

Resident [REDACTED] is able to safely use these substance and [REDACTED] wishes to continue using them until [REDACTED] PCP states otherwise. A door lock was purchase and installed by the Administrator on 11/25/2025 and resident was instructed to lock [REDACTED] room, when resident leaves the room, so these substances are secured. Administrator will check Resident [REDACTED] door monthly when resident is at meals or out of [REDACTED] room to ensure resident continues to lock it when [REDACTED] leaves [REDACTED] room. Administrators and staff will check all residents room monthly through 2026, and quarterly through 2027. A reminder was added to the Administrator's electronic Calendar beginning 01/15/2026 and running through 2027, to check doors, rooms, and remind the employees about the requirements of regulation 2600.82.c, to ensure all poisonous materials are locked up, so this violation does not occur again.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ([REDACTED] - 02/06/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([REDACTED] - 01/13/2026)

Resident [REDACTED] family was in on 11/23/2025 and rearranged the resident room and moved [REDACTED] operable lamp. This has been moved back by the Administrator on 11/25/2025, so it may be turned on/off from residents bedside. Resident also prefers to use a tablet and phone as a light source and has a flashlight in a walker bag. Staff have been reminded to check daily when in a resident room to ensure an operable light source in available at each Residents bedside so this violation does not occur again. Administrators will check monthly for 12 months beginning 01/15/2026, to ensure bedside light are accessible. Monthly reminder set up in Administrator's electronic calendar.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ([REDACTED] - 02/06/2026)

181d - Storing Medication

5. Requirements

2600.

181d - Storing Medication (continued)

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [redacted] keeps multiple [redacted] in [redacted] bedroom, including [redacted] and [redacted]. Resident [redacted] can self-administer medications; however, [redacted] cannot lock [redacted] bedroom door because locking components are missing from the door handle, and no other locking mechanism is available.

Resident [redacted] keeps [redacted] and OTC [redacted] in the bedroom. Resident [redacted] can self-administer medications; however, the medications are not locked or otherwise secured, as stated in an interview.

Plan of Correction

Accepted [redacted] 01/13/2026)

Resident [redacted] and Resident [redacted] are able to self-administer medication and wish to continue this as long as their PCP allows. Door locks were purchased and installed by the Administrator on 11/25/2025 to ensure medication are locked and secured. Administrators and Med Techs will checked all residents room on 12/29/2025 to ensure any medications are locked and secured, and will check monthly via a Monthly electronic calendar reminder beginning 01/15/2026, to ensure this violation does not occur again.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 02/06/2026)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [redacted] keeps glucose tablets and [redacted] in the bedroom without a current doctor's order.

Plan of Correction

Accepted [redacted] - 01/13/2026)

Residents glucose tablets and eye drops were placed in the med room by the Administrator, on 11/25/2025, until an order was gotten from resident # [redacted]'s PCP. We have asked Resident [redacted] family and all Residents families not to bring in medications and leave them with the Residents. All medications must be brought to our med room to ensure a current prescription/order for the medication is obtained from the Residents PCP. Administrators and staff will check monthly for any medications in Residents rooms to ensure ongoing compliance, and a Posting was placed by our entrances on 11/25/2025, in addition to speaking with Families. Administrators and Med Techs will check resident's rooms monthly and remove any medications that families may have brought in for residents, to ensure resident's PCP's are aware of, and including orders for/approving any OTC Meds. Monthly reminder was added to Administrator's electronic calendar beginning 01/15/2026

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] 02/06/2026)

184a - Resident's Meds Labeled

7. Requirements

184a - Resident's Meds Labeled (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident [REDACTED]'s [REDACTED] subcutaneous sliding-scale order is not reflected on the medication label.

The sliding scale is as follows: glucose [REDACTED]

[REDACTED]. Maximum daily amount, [REDACTED]. Rotate sites.

Resident [REDACTED] is prescribed [REDACTED], take one tablet each morning and one [REDACTED] tablet daily. However, the medication label indicates to take one [REDACTED] tablet in the morning and two [REDACTED] tablets in the afternoon.

Plan of Correction

Accept ([REDACTED] 01/13/2026)

The Pharmacy updated the EMar on 11/26/2026 to match the current order of Resident [REDACTED] tablet in the morning and two 20mg tablets in the afternoon, instead of take one 20mg table in the morning and one 40mg tablet in the afternoon. Residents [REDACTED] mail order pharmacy was also contacted and requested that the entire sliding scale be placed on the [REDACTED] box. The sliding scale is listed, as always, in the EMar which is what is updated, and what we have referred to prior to use. A printed label of the sliding scale from the EMar was placed on Residents [REDACTED] Humalog, by the Administrator on 11/26/2025. All current medications labels were checked on 11/26/2025 by the Administrator, and new medications and will be checked upon arrival by the med tech. the pharmacy will be contacted to update any labels that might have changed to ensure ongoing compliance and ensure this violation does not occur again. The Administrator will check labels monthly when putting away the 30 day auto order, to ensure they are correctly labeled

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 02/06/2026)