

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

September 10, 2026

[REDACTED] SECRETARY/TREASURER

INDIANA AL, LLC
[REDACTED]

RE: THE ADDISON OF MOOREHEAD
PLACE
116 MADISON CIRCLE
INDIANA, PA, 15701
LICENSE/COC#: 45509

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2025 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 MOOREHEAD PLACE

License #: 45509

License Expiration: 05/06/2026

Address: 116 MADISON CIRCLE, INDIANA, PA 15701

County: INDIANA

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: INDIANA AL, LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/16/1997

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 48

Waking Staff: 36

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 12/03/2025

Inspection Dates and Department Representative

12/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47

Residents Served: 39

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 14

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 9

Have Physical Disability: 1

Inspections / Reviews

12/03/2025 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/03/2026

01/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/23/2026

Inspections / Reviews (*continued*)

08/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/28/2026

09/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

3. Staff person training.

Description of Violation

The home's quality management review, dated 9/11/25, did not address staff person training.

Plan of Correction

Accept () - 08/13/2026)

*The Quality Assurance policy and meeting minutes form for is being reviewed by Senior Lifestyle and will be updated by January 21, 2026.**The ED or designee will educate department directors on regulation 2600.26.b and the updated company policy for Quality Assurance meetings, ensuring that staff person trainings are reviewed at each meeting by January 28, 2026. Documentation shall be kept. Staff person trainings have also been added to the Quality Assurance Meeting Minutes and will be reviewed at each meeting.**The ED or designee will hold monthly Quality Assurance meetings starting January 22, 2026 for three months. Minutes will be audited by the ED or designee to ensure all required topics were reviewed. After completing the first three months, Quality Assurance meetings will be held once per quarter.**The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.*

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/10/2026)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home's Resident Camera Monitoring Consent policy indicates a camera can be placed in a resident's room upon request of the resident and in accordance with Community policies relating to this subject...In any room in the Community where there is camera placement, a Community-approved notice of the presence of a camera in operation that may involve recording will be placed conspicuously and in plain view on the outside of the room door. On 12/3/25, there was a notification plaque placed immediately outside of resident #1's bedroom indicating use of a camera in the resident's bedroom.

Plan of Correction

Accept () - 08/13/2026)

*The Executive Director (ED) removed the signage outside of resident #1's apartment door on December 3, 2025.**Policy and consent form for Resident Camera Monitoring is being reviewed by Senior Lifestyle. The Executive Director will ensure policy and procedures are developed and implemented that ensures resident privacy in accordance with 2600.42s no later than August 26, 2026. Residents will be educated and sign new consent forms by August 26, 2026. Documentation shall be kept.**The ED or designee will educate current staff on regulation 2600.42.s and the updated company policy and consent form for Resident Camera Monitoring by August 26, 2026. Documentation shall be kept.*

42s - Privacy (continued)

The Director of Plant Operations (DPO) or designee will conduct an audit for signage related to camera use and any discrepancies will be addressed upon completion of the audit. Audits will be completed weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month starting on January 5, 2026. The results of the audit will be reviewed by the ED or designee.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/10/2026)

60a - Staff/Support Plan**3. 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

On 11/7/25, 11/16/25 and 11/29/25, the home served 39 residents, including 14 residents with mobility needs, of whom resident #2, resident #3, resident #4 and resident #5 required the assistance to 2 persons to transfer. On these dates from 10:00 pm. to 6:00 am., only 2 staff were present in the home, which is inadequate to safely evacuate and supervise the residents in the event of an emergency.

Plan of Correction

Accept () - 08/13/2026)

On December 31, 2025, the Health and Wellness Director (HWD) has revised schedule beginning January 5, 2026 to include a third staff person during the hours of 10:00 PM-6:00 AM.

The Executive Director (ED) or designee will education the HWD on appropriate staffing levels on all shifts to ensure there is adequate staff to safely evacuate and supervise the residents in the event of an emergency by January 28, 2026. Documentation shall be kept.

The ED or designee will audit staffing schedule by January 5, 2026 weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month to ensure there is adequate staff to safely evacuate and supervise the residents in the event of an emergency. The ED or designee with audit and sign off on all schedules ongoing, which are posted bi-weekly, to ensure adequate staffing levels on all shifts.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance and quarterly thereafter.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/10/2026)

181f - Record of Medication**4. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

181f - Record of Medication (*continued*)**Description of Violation**

On 12/3/25, the current list of medications in resident #5's record did not include B-Complex/Vitamin C 500 mg. tablets.

Plan of Correction

Accept () - 01/16/2026)

On December 3, 2025, the Health and Wellness Director (HWD) received an order from the provider for resident #5 for Super B Complex/Vitamin C Oral Tablet. HWD provided resident #5 with an updated medication list and also updated the eMAR on December 3, 2025.

The HWD or designee will educate Medication Technicians (MT) on regulation 2600.181.f. to ensure eMARs provide an current list of medications for each resident by January 28, 2026. Documentation shall be kept.

The HWD or designee will audit 5 resident's medications beginning January 5, 2026 weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month to ensure there is a current list of medications for each resident.

The results of the audit will be reviewed by the Executive Director (ED) or designee.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 09/10/2026)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 was prescribed Lorazepam Oral Concentrate 2mg, give 1 prefilled syringe by mouth as needed every 2 hours for anxiety/restlessness. However, the resident's December 2025 medication administration record did not indicate the diagnoses of anxiety/restlessness.

187a - Medication Record (continued)**Plan of Correction****Accept () - 01/16/2026)**

On December 3, 2025, the Health and Wellness Director (HWD) updated the eMAR for resident #1 with the correct diagnosis for Lorazepam Oral concentrate 2mg, give 1 prefilled syringe by mouth as needed every 2 hours for anxiety/restlessness.

The HWD or designee will educate Medication Technicians (MT) by January 28, 2026 on regulation 2600.187.a. on the need for medication diagnosis to be included on the eMar. Documentation shall be kept.

The HWD or designee will audit 5 resident's medications on the eMAR to ensure that diagnosis are included for each medication beginning January 5, 2026 weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month.

The results of the audit will be reviewed by the Executive Director (ED) or designee.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 09/10/2026)**225c - Additional Assessment****6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's assessment, dated () does not document the resident's use of fall mats.

Plan of Correction**Accept () - 01/16/2026)**

On December 3, 2025, the Health and Wellness Director (HWD) updated the RASP for resident #1 to include fall mats in all applicable areas of the RASP.

The Executive Director (ED) or designee will educate the HWD on the completion of the RASPs and the importance of including appropriate information to ensure the needs of the resident are being met on the RASP by January 28, 2026. Documentation shall be kept.

The HWD or designee will audit 5 resident's RASPs to ensure the needs of the residents are being met, beginning January 5, 2026 weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director (ED) or designee.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 09/10/2026)**227d - Support Plan Medical/Dental**

7. 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's assessment, dated [REDACTED], indicates the resident was admitted to hospice due to a decline in overall health. However, the resident's support plan, dated [REDACTED] does not indicate the services hospice will provide.

Plan of Correction**Accept ([REDACTED] - 01/16/2026)**

On December 3, 2025, the Health and Wellness Director (HWD) updated the RASP for resident #1 to include all services that are being provided by hospice.

The Executive Director (ED) or designee will educate the HWD on the completion of RASPs and the importance of including all needed information on the RASP by January 28, 2026. Documentation shall be kept.

The HWD or designee will audit 5 resident's RASPs to ensure all needed information is being included on the RASP, beginning January 5, 2026 weekly for 4 weeks, then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director (ED) or designee.

The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning January 22, 2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented ([REDACTED] - 09/10/2026)
