

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

January 15, 2026

[REDACTED]  
MOS GRACE MGT LLC  
[REDACTED]

RE: GRACE MANOR AT NORTH PARK  
9565 BABCOCK BOULEVARD  
ALLISON PARK, PA, 15101  
LICENSE/COC#: 45085

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2025, 12/10/2025 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:** GRACE MANOR AT NORTH PARK      **License #:** 45085      **License Expiration:** 02/03/2026

**Address:** 9565 BABCOCK BOULEVARD, ALLISON PARK, PA 15101

**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** MOS GRACE MGT LLC

**Address:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 11/18/2010      **Issued By:** Town of McCandless

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 77      **Waking Staff:** 58

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 12/10/2025

**Inspection Dates and Department Representative**

12/09/2025 - On-Site: [REDACTED]

12/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 67      **Residents Served:** 48

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 3rd Floor      **Capacity:** 25      **Residents Served:** 20

**Hospice**

**Current Residents:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 48

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 29      **Have Physical Disability:** 1

**Inspections / Reviews**

12/09/2025 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/14/2026

01/14/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/15/2026

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/20/2026

Inspections / Reviews *(continued)*

01/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/19/2026

01/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the home's administrator, only received 9 hours of in-person training during the 2024 training year.

Plan of Correction

Accept ( [redacted] ) - 01/15/2026

The administrator shall receive at least 12 hours of in-person training per training year from the required 24 hours needed.

Staff person B only had documentation of 9 hours of in-person training along with 15.5 hours of on-line training for the 2024 training year. Staff person B attended another 4 hour training in person but the documentation wasn't present in the file and couldn't be located at the time of the inspection.

Administrator will complete a spreadsheet (see attached) that will document all training hours for in-person along with on-line training.

This spreadsheet will be audited by Assistant Executive Director for compliance quarterly beginning January 2026 (see attached)

Administrator has completed all required hours for the 2025 training year and all training has been documented on the spreadsheet and reviewed for accuracy and compliance by the Assistant Executive Director (see attached) this is kept in Executive Directors office

The training for the 4 hours was not located. Staff person B completed 4 hour training on 1/7/2026 (see attached) to makeup for the hours.

Quality Management review was completed on 10/15/2025. All items in 2600.26(b) are included in the review (see attached). The facility had the next review on 1/15/2026 at 9 am and a section is added to the review that addresses the required 24 CEU's for the Executive Director. This training is kept in the Executive Director Office for review.

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

Implemented [redacted] 01/15/2026

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], resident [redacted]'s [redacted] pen was open and undated in the medication cart. According to the manufacturer's instructions, [redacted] must be used within 28 days of opening.

183e Storing Medications (continued)

On [redacted], 2 open and undated vials of resident [redacted]'s [redacted] were present in the medication cart. According to the manufacturer's instructions, the Methotrexate multi dose vials must be used within 30 days of opening.

Plan of Correction

Directed [redacted] - 01/15/2026)

The insulin pen for resident [redacted] and [redacted] vial for resident [redacted] was thrown out at the time of inspection and new supplies opened and resident name, medication, date, instruction all listed and supplies secured in the medication cart. We are unable to take pictures of resident [redacted] pen as the resident was discharged on [redacted] and medication was sent with resident. I have attached the picture for resident [redacted] vial with the proper labeling

Staff was educated on 1/12/2026 and 1/13/2026 on the proper storing of medication by the Assistant Executive Director (see attached) this education will be stored in the Assistant Executive Directors office for review.

Wellness director and Assistant Wellness Director completed a house wide audit on all insulin supplies to ensure accuracy according to regulations on 12/11/2025 (see attached) Kept in the Executive Directors office

Wellness Director and Assistant Wellness Director will audit all insulin supplies monthly for 12 months to ensure all proper identifiers are on the supplies and stored properly. These audits will begin January 2026. (see attached) kept in Executive Directors office (DIRECTED: The audits shall begin on 1/19/26. [redacted] 1/15/26).

Proposed Overall Completion Date: 01/15/2026

Directed Completion Date: 01/19/2026

Implemented [redacted] 01/15/2026)

184a - Resident's Meds Labeled

3. Requirements

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

On [redacted], resident [redacted] tube of [redacted] [redacted] did not contain a current pharmacy label and was being stored in a bag with a pharmacy label indicating [redacted] Apply to behind knees in folds topically two times a day for rash.

REPEAT VIOLATION: [redacted], et. al.

Plan of Correction

Directed [redacted] - 01/15/2026)

The gel was immediately stored in a new bag and labeled with name, medication, date of prescription, dosage and instructions and name and title of prescriber. We are unable to take photo of this medication as the resident discharged on 12/27/2025.

**184a - Resident's Meds Labeled (continued)**

All staff was educated on 1/12/2026 and 1/13/2026 on proper medication labeling according to regulation 2600.184(a). Education was provided by Assistant Executive Director. this education will be kept in the Assistant Executive Director office.

Wellness director and assistant Wellness Director completed a house wide audit on 12/11/2025 to ensure all resident treatments, eye drops, nasal sprays, inhalers, and any other medication stored/received in bags from the pharmacy was labeled properly and according to regulation. (see attached) kept in Executive director office

Wellness Director and Assistant Wellness Director will complete monthly audits for 12 months on all resident treatments, eye drops, nasal sprays, inhalers, and any other medication stored/received in bags from the pharmacy to ensure medication was labeled properly and according to regulations. (see attached) Audits will begin January 2026. Kept in Executive Directors office. (DIRECTED: The audits shall begin on 1/19/26. [REDACTED] 1/15/26).

Proposed Overall Completion Date: 01/15/2026

Directed Completion Date: 01/19/2026

Implemented [REDACTED] - 01/15/2026)

**187a - Medication Record****4. Requirements**

2600.

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

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).

**Description of Violation**

Resident [REDACTED] is currently prescribed [REDACTED] tablet-Take 1 tablet by mouth daily as needed for allergies; however, on [REDACTED] this medication was not indicated on resident [REDACTED] December 2025 medication administration record (MAR).

REPEAT VIOLATION: [REDACTED] et. al.

**Plan of Correction**

Directed ([REDACTED] - 01/15/2026)

This medication was delivered from the VA pharmacy to the facility and the medication was put in the cart. The VA faxed the order (see attached) to the pharmacy and us on 12/11/2025 for this medication to be started. This medication was listed on the MAR's on 12/11/2025 the same date the that is on the order (see attached)

**187a Medication Record (continued)**

Staff was educated on 1/12 and 1/13 (see attached) on making sure medication is listed on MAR's prior to putting in the medication cart as VA sends medication before the order is received. If medication is not listed then medication is to be refused and sent back to VA pharmacy. Education will be kept in the Assistant Executive Directors office.

Wellness Director and Assistant Wellness Director will audit all Resident 2 medication monthly to ensure all medication is listed properly and the MARs and according to regulations along with being available as prescribed. (see attached) This audit will begin January 2026 kept in Executive director office (DIRECTED: The audits shall begin on 1/19/26. ■ 1/15/26).

Wellness Director and Assistant Wellness Director will audit all medication on 3 random residents per month for 12 months. This audit will begin January 2026(see attached) Kept in Executive Director office (DIRECTED: The audits shall begin on 1/19/26. ■ 1/15/26).

Proposed Overall Completion Date: 01/15/2026

**Directed Completion Date: 01/19/2026**

**Implemented ■ - 01/15/2026)**