

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

February 18, 2026

[REDACTED]  
HAPPY HEARTS SENIOR LIVING LLC  
[REDACTED]

RE: HAPPY HEARTS SENIOR LIVING  
276 RALSTON ROAD  
SLIPPERY ROCK, PA, 16057  
LICENSE/COC#: 45487

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *HAPPY HEARTS SENIOR LIVING* License #: *45487* License Expiration: *10/18/2026*  
 Address: *276 RALSTON ROAD, SLIPPERY ROCK, PA 16057*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HAPPY HEARTS SENIOR LIVING LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 1* Date: *06/23/1981* Issued By: *Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *12/10/2025*

**Inspection Dates and Department Representative**

12/10/2025 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *28* Residents Served: *8*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *7*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

12/10/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/09/2026*

Inspections / Reviews (*continued*)

## 01/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/29/2026

## 01/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

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

## 02/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2026

## 02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2026

## 02/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

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 09:05 a.m. and 11:00 a.m., resident electronic medication records and physician orders for all residents, to include resident [redacted] resident [redacted] and resident [redacted], were unlocked, unattended, and accessible in a laptop on top of the medication cart.

Plan of Correction

Accept [redacted] 01/27/2026)

On 12/10/2025 Immediately after the violation, administer reeducated staff member that was responsible for leaving computer unlocked and open to see residents Records.

On 12/11/2025, the administrator will re-educate all staff on residents' privacy and the importance of locking the laptop computer screen when unattended.

Administrator or designee will do weekly audits starting 12/11/2025 for 3 months to ensure resident information is maintained in a confidential manor.

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

Implemented [redacted] - 02/18/2026)

25c8 - Smoking

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The resident-home contract, dated [redacted] for resident [redacted] does not include the current home rules.

The resident-home contract, dated [redacted] for resident [redacted], does not include the current home rules.

The resident-home contract, dated [redacted] for resident [redacted] does not include the current home rules.

Plan of Correction

Accept [redacted] - 01/27/2026)

On 12/10/2025, immediately after finding home rules were missing from contract, copy of home rules was provided to each resident and/or responsible party by Administrator. Attached a copy of the homes home rules to resident [redacted], [redacted] and [redacted] contracts.

Beginning on 12/11/2025 Administrator and owner or designee will review all residents signed contracts weekly for

**25c8 Smoking (continued)**

3 months to ensure copy of home rules is retained in resident file.

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

Implemented [REDACTED] - 02/06/2026)

**25c13 - Complaint Procedure****3. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

**Description of Violation**

The resident home contract, dated [REDACTED] for resident # [REDACTED], does not include written information on the residents' rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

The resident home contract, dated [REDACTED] for resident [REDACTED], does not include written information on the residents' rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

The resident home contract, dated [REDACTED] for resident [REDACTED] does not include written information on the residents' rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

**Plan of Correction**

Accept [REDACTED] - 01/27/2026)

On 12/11/2025, immediately after finding resident rights and complaint procedures were missing from contract, copy of resident rights and complaint procedures was provided to each resident and/or responsible party by Administrator. Also, resident's rights and complaint procedures attached to resident [REDACTED] and [REDACTED] contracts.

Beginning on 12/11/2025 Administrator and owner or designee will audit all residents signed contracts to ensure copy of resident rights and complaint procedures is retained in resident file weekly for three months.

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

Implemented [REDACTED] - 02/06/2026)

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At 9:00 a.m., 10:30 a.m. and 1:30 p.m., the bathroom near bedroom #5 had a a strong odor of urine and feces, which could be smelled in the nearby hallway.

85a Sanitary Conditions (continued)

**Plan of Correction**

Accept [REDACTED] - 01/27/2026)

On 12/11/2025 Administrator had the bathroom deep cleaned. At that time the admin looked over the plumbing in the bathroom and under the bathroom. Admin then found out that there is no pee trap under the bathroom sink, Admin bought and installed a Pee trap on 12/15/2025.

Administrator and/or housekeeping will be monitoring for bad strong odors weekly for 3 months to ensure no odor is present.

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

Implemented [REDACTED] - 02/06/2026)

107b - Emergency Procedures

5. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

**Description of Violation**

The home's written emergency procedures did not include the contact information for each resident's designated person, the home's plan to provide emergency medical information for each resident that ensures confidentiality, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.

**Plan of Correction**

Accept [REDACTED] - 01/27/2026)

On 12/11/2025 The administrator Added the contact information for each residents designated person of contact into the Homes written emergency Procedures plan.

The administrator also added that the emergency medical information is online and accessible anywhere at anytime.

The administrator will continue to add new residents contact information for each new residents designated person of contact.

Administrator will start a checklist for all new residents to ensure that all proper information is in Homes written emergency Procedures plan binder.

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

Implemented [REDACTED] - 02/13/2026)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c Fire Drill Records (*continued*)**Description of Violation**

The fire drill conducted on [REDACTED] at 10:30 a.m. was not indicated on the fire drill log.

**Plan of Correction**

Accept [REDACTED] - 01/27/2026)

On 12/10/2025, immediately after finding there was no documented fire drill for 11/2/25 at 10:30am, admin documented fire drill as it was completed.

Beginning 12/11/2025 Admin or designated person will do monthly audits for the next three months to make sure there is no missed documentation.

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

Implemented [REDACTED] - 02/13/2026)