

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

January 13, 2026

[REDACTED]
ABODE CARE OF MONROEVILLE LLC
[REDACTED]

RE: ABODE CARE OF MONROEVILLE
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45119

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2025 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: ABODE CARE OF MONROEVILLE **License #:** 45119 **License Expiration:** 11/14/2025
Address: 2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ABODE CARE OF MONROEVILLE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 06/04/2012 **Issued By:** Municipality of Monroeville

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 12/17/2025

Inspection Dates and Department Representative

12/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 37

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 1
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 13 **Have Physical Disability:** 1

Inspections / Reviews

12/17/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/28/2025

12/29/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/04/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/02/2026

Inspections / Reviews *(continued)*

12/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/05/2026

01/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

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

Description of Violation

At approximately 9:01 a.m. there was a pervasive odor of bowel movement throughout the entire A-Hall corridor. Additionally, the home had flap lid garbage cans positioned outside of resident rooms that contained soiled briefs and other incontinence supplies to include resident room [REDACTED] belonging to resident [REDACTED] that contained soiled incontinence pads.

Plan of Correction

Directed [REDACTED] 12/31/2025)

On 12/17/25, while a DHS inspector was on site at AbodeCare of Monroeville, the Director of Wellness immediately removed soiled trash from the hallway corridor and disposed of it in the designated waste area. Beginning immediately following the inspection, daily building walk-throughs were conducted to monitor for the presence of soiled trash in hallways and common areas. On 12/18/25, the Regional Director provided education to the Director of Wellness and the Assistant Director regarding the applicable sanitation regulation and the expectation that soiled waste be removed from corridors and common areas immediately. On 12/19/25, the community implemented a new policy and procedure addressing the proper handling and timely removal of soiled trash from resident areas and hallways. The Executive Director or designee will review this policy and procedure with all staff by 01/03/26, and documentation of this training will be maintained in accordance with PA DHS 2600.65. A root cause review identified delays in trash removal related to limited transport equipment. In response, the Regional Director ordered wheeled BRUTE trash containers on 12/26/25 to facilitate prompt removal of waste from hallways during care activities; these containers will be clearly labeled and used solely for waste removal. Until the containers arrive, staff will immediately remove any soiled items to the outside disposal area and will not leave soiled items in swing-top trash receptacles. Formal monitoring will begin on 12/31/25, with the Administrator or designee completing daily audits for two weeks, followed by weekly audits for one month. Monitoring will include verification that no soiled trash is present in hallways or common areas, waste is removed immediately after care activities, appropriate containers are used for transport, and waste is disposed of in designated areas in accordance with the community's Trash Removal Policy. Documentation of all monitoring and audits will be maintained on site

Proposed Overall Completion Date: 02/11/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall ensure all aspects of the plan of correction have been implemented. [REDACTED] 12/31/25

Directed Completion Date: 02/11/2026

Implemented [REDACTED] 01/13/2026)

103g Storing Food

2. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 11:23 a.m. there was a twenty-five pound box of Instant Food Thickener that was found opened and unsealed on the black plastic shelving to the left of the Hotpoint chest freezer in the dry storage area of the home

103g - Storing Food (continued)

with approximately fifteen pounds of thickener remaining in the box. Additionally, there was a twenty-five pound bag of iodized salt that was also opened and unsealed with approximately twenty-four pounds remaining in the bag.

At approximately 11:26 a.m. there was a bag of frozen dinner rolls in the "Holiday" brand small chest freezer that had ripped open, was unsealed and the frozen dinner rolls had spilled onto the bottom of the freezer

REPEAT VIOLATION [REDACTED] *et. al.*

Plan of Correction**Accept** [REDACTED] **- 12/29/2025)**

Immediately on 12/17/25, while the inspector was on site, the box of thickener and the box of salt were properly stored in accordance with 2600.103(g). Additionally, the bag of dinner rolls was disposed of, and the bottom of the freezer was cleaned to ensure no loose food items remained. By 01/03/26, the Executive Director or designee will complete training with all dining staff and any staff responsible for food storage to review this regulation and proper food storage expectations. Beginning 12/18/25, the Administrator or designee will conduct kitchen audits twice weekly for four weeks, followed by weekly audits for an additional four weeks to be completed by 02/13/26, in addition to daily building walk-throughs. These audits will include a deeper review of freezers, refrigerators, and storage areas to ensure all food items are properly labeled, bagged, and dated, with documentation maintained. Any identified deficiencies will be corrected immediately to maintain ongoing compliance. The audits will be kept in the administrators office and available to the department for review.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] **- 01/13/2026)**