

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

March 30, 2026

[REDACTED]
GRAYSFUL LIVING LLC
[REDACTED]

RE: GRAYSFUL LIVING LLC
45 SOUTH MT. VERNON AVE.
UNIONTOWN, PA, 15401
LICENSE/COC#: 45642

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/29/2025, 12/30/2025 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: GRAYSFUL LIVING LLC License #: 45642 License Expiration: 04/22/2026
 Address: 45 SOUTH MT. VERNON AVE., UNIONTOWN, PA 15401
 County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

Name: GRAYSFUL LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 05/11/1981 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Provisional Exit Conference Date: 12/30/2025

Inspection Dates and Department Representative

12/29/2025 - On-Site: [REDACTED]
 12/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 29 Residents Served: 14
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 11
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/29/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2026

01/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/18/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2026

Inspections / Reviews *(continued)*

02/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/18/2026

03/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On the morning of [REDACTED] the Department notified direct care staff person A of allegations of verbal abuse by direct care staff person B against resident [REDACTED]. Direct care staff person A reported the allegation to direct care staff person C, the home's administrator. However, the incident of alleged verbal abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging verbally or in writing.

Plan of Correction

Directed [REDACTED] 02/12/2026)

Administrator and staff will be taking the elder abuse online training. Proof of training will be kept. Training will be completed by all staff by 1/30/2026. Administrator will also be having a staff meeting on 1/23/2026 to go over the regulation for reporting abuse, where to find incident reports. Administrator will immediately report any suspected abuse to Area Agency on Aging and licensing in the future. "When in doubt report it" will be the rule for all staff, and administrator.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit any allegations to ensure any allegation of abuse is reported in accordance with Regulation 2600.15(a). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] - 03/26/2026)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On the morning of [REDACTED] the Department notified direct care staff person A of allegations of verbal abuse by direct care staff person B against resident [REDACTED]. Direct care staff person A reported the allegation to direct care staff person C, the home's administrator. However, direct care staff person B was not immediately suspended and continued to work until the end of [REDACTED] shift. Direct care staff person B was working when the Department arrived on [REDACTED] at 9:00 a.m. without a plan of supervision approved by the Department in place.

Plan of Correction

Directed [REDACTED] - 02/12/2026)

The staff person involved was suspended on 12/29/2026. Administrator did not handle the situation correctly and understands that the staff person should have been immediately suspended and the incident reported to area agency on aging and licensing. Administrator is having the staff person involved do the online abuse training. If the staff person completes the training and it is possible - Administrator will allow staff person to work supervised shifts

15b - Supervisor Plan (continued)

only. Starting 01/23/2026 administrator will do resident interviews weekly on all residents and ensure administrator asked about each staff member. If the staff person involved finishes the online and paper training by 1/30/2026, the staff member will be able to return 2/5/2026 and be supervised for at least 90 days with on going resident interviews weekly. After 90 days resident interviews will continue 1-2 a month. Administrator will have a resident meeting on 1/30/2026 to ensure residents know that they can let the staff and or administrator know any complaints, or grievances and it will be addressed immediately in the future. Administrator will do resident meeting monthly from here on out and resident interviews privately in between starting 1/23/2026

Proposed Overall Completion Date: 02/12/2026

Within 5 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.15(b) which includes the staff person shall be immediately suspended or placed on a plan of supervision submitted in writing and approved by the Department and the Area Agency on Aging. Please include documentation of education will be kept in accordance with Regulation 2600.65(i). 2/12/26

Within 1 day of receipt of the plan of correction: The administrator shall audit any allegation of abuse to ensure the home has suspended the alleged staff person or placed the alleged staff person on a written plan of supervision approved by the Department and the Area Agency on Aging prior to having any access to residents. 2/12/26

Directed Completion Date: 02/17/2026

Implemented - 03/26/2026)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On the morning of [redacted] the Department notified direct care staff person A of allegations of verbal abuse by direct care staff person B against resident [redacted]. Direct care staff person A reported the allegation to direct care staff person C, the home's administrator. However, the incident of alleged abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and as of the morning of [redacted] had not been reported to the Department.

Plan of Correction

Directed [redacted] 02/12/2026)

Administrator did do the incident report on 12/30/2026 and gave to licensing. Administrator will make sure that all incidents are reported to DHS immediately upon discovery. Staff and Administrator will be meeting on 1/30/26 to implement the "when in doubt report it" rule. Staff will receive education on 1/30/26 on incident reports. Quality Management meeting is scheduled for 2/6/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [redacted] 2/12/26

16c - Written Incident Report (continued)

Within 1 day of receipt of the plan of correction: The administrator shall audit all reportable incidents and conditions to ensure reporting in compliance with Regulation 2600.16(c). █ 2/12/26

Directed Completion Date: 02/13/2026

Implemented █ - 03/26/2026)

25c11 - List of Rates

4. Requirements

2600.

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

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home agreement for resident █ dated █, did not include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan.

Plan of Correction

Directed █ - 02/12/2026)

A support plan was created for Resident █ on 01/02/2026. However, resident █ went in to the hospital on 12/29/26 with leg pain. Resident █ had a blood clot and ended up having surgery. The resident is currently in nursing care getting rehab. Administrator will make a checklist of current residents and add any new residents as they are admitted. The checklist will be implemented by 1/26/26 and finished by 2/1/26 checked every 30 days for current residents and weekly for any new admissions until complete. Documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within one day of receipt of the residents return to the home: The administrator shall update the residents contract to include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made. █ 2/12/26

Within one day of receipt of the plan of correction:: The administrator shall educate all staff persons responsible for maintaining compliance with resident-hoe contracts of the regulation. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 2/12/26

Within 5 days of receipt of the plan of correction: The administrator shall audit all current and newly completed resident contracts for accuracy and completeness including the requirements of Regulation 2600.25(c)(11). Documentation of audits shall be kept. █ 2/12/26

Directed Completion Date: 02/17/2026

Implemented █ - 03/26/2026)

42c - Treatment of Residents

5. Requirements

42c Treatment of Residents (continued)

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] in the early morning hours, direct care staff person B and resident [redacted] were engaged in a verbal altercation outside of the resident's first-floor bedroom. Direct care staff person B stated [redacted] "you" to resident [redacted]. Resident [redacted] indicated [redacted] was hurt by the exchange with direct care staff person B.

Plan of Correction

Directed [redacted] - 02/12/2026)

A staff/resident meeting will be held on 1/30/2026. The treatment of residents will be with dignity and respect. Staff will also receive education on 1/30/26. Resident interviews of all residents will begin on 1/23/26 and documentation will be kept. Resident interviews will continue weekly for at least 90 days then monthly. Administrator will do random supervision shifts for all staff to ensure they are treating the residents with respect and dignity starting 1/23/26 and continuing until 3/1/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i) [redacted] 2/12/26

Within 1 day of receipt of the plan of correction: The administrator shall maintain documentation of all resident interviews. [redacted] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [redacted] - 03/26/2026)

65i Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of training for direct care staff person A, hired [redacted] did not include date, source, content, and length of each course for the required orientation training during the first 40 hours of work and the required training for direct care staff persons to provide unsupervised direct care services.

Plan of Correction

Accepted [redacted] 01/27/2026)

Staff person A was hired and then quit. When staff person A returned we had started a new file but did not transfer the trainings into the current file. All staff files are being audited and will be completed by 1/30/26. A checklist will be placed in the front of all staff files during audit. Staff files will be audited monthly for current employees and weekly for new employees to ensure completion. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [redacted] 03/26/2026)

85a Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:50 a.m. the home's kitchen had multiple bits of food debris scattered all around the kitchen floor to include stickers, crackers, foil bits, and small brown bits of unidentifiable food debris.

On [REDACTED] at approximately 10:20 a.m., there was what appeared to be black mold growing on an area of the wall that measured approximately twenty-four inches by twenty-four inches in the laundry area next to where resident bed linens are being stored on a 5-tier black Rubbermaid shelf.

On [REDACTED] at approximately 10:15 a.m., there was a pervasive odor of urine throughout the home's basement.

On [REDACTED] at approximately 10:31 a.m., there were two one-gallon sealed containers filled with the urine of resident [REDACTED] that were resting on the floor at the head of the bed in [REDACTED] unnumbered resident room in the home's basement on the street-side of the property.

On [REDACTED] at approximately 11:00 a.m. there was a pervasive odor of urine in the full bathroom in the home's basement. Additionally, there was a pool of brackish yellow liquid that filled approximately one-half of the shower stall basin.

Plan of Correction

Directed [REDACTED] - 02/12/2026)

The kitchen floor was cleaned immediately. Staff was directed that the floor is to be cleaned after every meal and on every shift. A new shift checklist is being created and will be implemented as of 1/26/26. The laundry room wall was cleaned and painted on 1/2/26 by maintenance. The jugs of urine were immediately discarded. Staff was reminded that every room every day is to be checked. A urinal was ordered for the resident. The basement drain lines were frozen and clogged. All residents were moved onto the 1st, 2nd, and 3rd floors on 12/30 and 12/31/25. The basement is off limits for all residents at this time. The plumber was here on 1/6 and 1/7 and the drains are clear. However, there is more work that needs completed. Job to be completed by 4/1/26. Staff will receive sanitation education on 1/30/26. Staff checklist will be implemented on 1/26/26. Administrator will check weekly to ensure sanitation is maintained. Documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] - 03/26/2026)

86b Bathroom

8. Requirements

2600.

86b Bathroom (continued)

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On [REDACTED] at approximately 10:41 a.m. the ventilation fan in the first floor full bathroom located in the stairwell to the home's basement was inoperable and there was no window.

Plan of Correction

Accepted [REDACTED] - 01/27/2026)

On 1/2/26 Maintenance did clean and fix the vent in the bathroom and it is now operable. All other bathrooms were checked ensuring ventilation fans are operable. Administrator will check twice weekly as of 1/26/26 to ensure all vents do work. Documentation will be kept Maintenance will check weekly

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 03/26/2026)

88a - Surfaces

9. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at approximately 11:00 a.m., the full bathroom in the home's basement was in a state of disrepair, multiple floor tiles were cracked, broken, and sinking into the subfloor around the toilet and the wall to the left of the toilet. Additionally, there was a leak of brackish brown liquid that had stained the tiles in front of the shower stall and was pooling in the areas with broken floor tiles.

Plan of Correction

Directed [REDACTED] - 02/12/2026)

The basement was closed off to residents on 12/30/25. The toilet, tile and walls were cleaned, fixed and the walls were painted. The bathroom does still need work done and the bathroom will remain closed until it is completed. Bathroom expected to be completed by 4/1/26. Administrator will check all bathrooms weekly to ensure nothing is in disrepair as of 1/26/26 and documentation will be kept. All repairs will be handled immediately. Staff will receive education on 1/30/2026 to ensure they know what to look for as well on every shift.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] 03/26/2026)

89a - Water Pressure

10. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

89a Water Pressure (continued)

Description of Violation

On [REDACTED] at approximately 9:25 a.m., the water pressure for both hot and cold water at the hand sink in the full bathroom located between the kitchen and dining room was minimal and barely a trickle of water came out of the faucet.

On [REDACTED] at approximately 10:10 a.m., there was no water pressure at either hand sink in the home's 2nd floor full bathroom located between bedrooms #4 and #5. There was also no water pressure in the shower stall.

Plan of Correction

Accept [REDACTED] - 02/12/2026)

On 1/6/26 and 1/7/26 the plumber was working on lines. The water pressure is not fixed completely yet due to plumber scheduling and parts on order. Plumber is due back on 2/2/26 with parts to fix pressure issue. Administrator will check every bathroom, kitchen, and laundry area weekly or more starting 1/26/26 to ensure pressure is good. Documentation will be kept

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented [REDACTED] - 03/26/2026)

95 - Furniture and Equipment

11. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED] at approximately 9:20 a.m., the Frigidaire refrigerator and freezer located in the home's dining room and designated as the "resident fridge" was missing the top glass shelving unit.

On [REDACTED] at approximately 9:25 a.m., the sink drain in the hand sink of the full bathroom located between the dining room and kitchen appeared to be clogged and water could not drain from the sink basin.

On [REDACTED] at approximately 9:30 a.m., there was one glass shelving unit missing entirely in the side by side Frigidaire refrigerator and freezer refrigerator portion in the home's kitchen. Additionally, another shelf had a cracked plastic frame that appeared to be broken.

On [REDACTED] at approximately 11:00 a.m., the floor drain in the shower stall of the full bathroom in the home's basement was clogged and a brackish yellow liquid was unable to drain from the shower.

Plan of Correction

Directed [REDACTED] - 02/12/2026)

The missing shelf from the resident fridge was removed and shelves moved on 12/30/25.. The new shelf was ordered. The sink drain in the bathroom was unclogged and all other sinks and drains were checked for proper drainage on 12/29/25. The glass shelf and replacement shelf with broken frame. One shelf came in correctly on 1/15/26. The other shelf with frame was not correct and the replacement was reordered. The floor drain was frozen and clogged. The plumber finished unfreezing and unclogging the drain on 1/7/26. Documentation/receipt was kept. Administrator will do daily walk throughs of the home and weekly checklist to ensure that all furniture and equipment are in good repair and free from hazards starting 1/26/26. Staff will receive education on 1/30/26. Quality Management meeting is scheduled for 2/6/26.

95 Furniture and Equipment (continued)

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] - 03/26/2026)

101j7 - Lighting/Operable Lamp

12. 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

On [REDACTED] at approximately 10:00 a.m., the bedside light for resident [REDACTED] was located on top of an armoire to the right of the bed and was not within reach of bedside.

Plan of Correction

Directed [REDACTED] - 02/12/2026)

Resident [REDACTED] bedside light was moved within reach of the resident on 12/29/25. All other bedside lights were checked to ensure they were reachable as well. Administrator will do daily walk throughs and weekly checklists starting 1/26/26 to ensure lamps are operable and reachable from the bedside. Documentation will be kept. Staff education will take place on 1/30/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] - 03/26/2026)

101o - Walls, Floors, Ceilings

13. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [REDACTED] at approximately 10:26 a.m., there was a portion of the ceiling in the home's basement resident room belonging to resident [REDACTED] that measured approximately twenty four inches by twenty four inches that had been repaired and the seam of the repair was covered with duct tape.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Directed (█ - 02/12/2026)

The entire basement has been closed off from residents and residents were moved to the other floors on 12/30 and 12/31. Repairs in the basement are ongoing. Basement to be completed by 2/10/25. Administrator will do weekly checklist starting 1/26/26 to ensure walls, floors, and ceilings are clean and in good repair. Documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator education all staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 2/12/26

Directed Completion Date: 02/17/2026

Implemented (█ 03/26/2026)

102h - Toilet Paper

14. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On █ at approximately 9:25 a.m., there was no toilet paper in the full bathroom located between the dining room and kitchen.

On █ at approximately 10:10 a.m., there was no toilet paper in either of the home's two individual bathroom stalls in the second-floor full bathroom located between resident bedrooms █ and █

REPEAT VIOLATION █

Plan of Correction

Directed (█ - 02/12/2026)

Toilet paper is being replaced at the beginning of each shift. Toilet paper is being replaced multiple times during shifts. Residents are hoarding toilet paper in their rooms and as soon as one gets put out it is missing again. Resident and staff meeting to be held on 1/30/26. Administrator will speak to residents who are hiding toilet paper in their rooms. Administrator will give those residents their own toilet paper daily or as needed. Staff will continue to check at the beginning, middle, and end of each shift. Administrator will do checks daily and documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator education all staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 2/12/26

Directed Completion Date: 02/17/2026

102h Toilet Paper (continued)

Implemented [redacted] - 03/26/2026)

102i Soap Dispenser

15. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted] at approximately 9:55 a.m., there was no soap in the second-floor full bathroom located to the left of resident room [redacted]

Plan of Correction

Directed [redacted] - 02/12/2026)

Soap was immediately replaced in 2nd floor bathroom. All other bathrooms were checked and soap refilled. Staff will have soap on their daily shift papers to check at the beginning and end of their shifts. Administrator will do daily walk throughs and at least 3 documented checks weekly starting 1/26/26 to ensure hand soap is available for residents at all times. Documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator education all staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [redacted] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [redacted] 03/26/2026)

103g Storing Food

16. Requirements

2600.

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

Description of Violation

On [redacted] at approximately 9:20 a.m., there were three crackers and two generic chocolate cookies held together by vanilla frosting that were found open and uncovered in the left side "Fresh Drawer" of the Frigidaire refrigerator and freezer located in the home's dining room and designated as the "resident fridge."

On [redacted] at approximately 9:20 a.m., there was an opened and unsealed forty-ounce package of "Bar-S" branded smoked polish sausage that contained three sausages and was labeled with the initial [redacted] for resident #4 and dated [redacted].

On [redacted] at approximately 9:30 a.m., there was a cherry pie with an unsealed lid with approximately one-half of the pie remaining in the refrigerator portion of the home's kitchen Frigidaire refrigerator and freezer.

Plan of Correction

Directed [redacted] - 02/12/2026)

All food was placed in a sealed container and dated immediately. All other fridges and freezers were checked for

103g - Storing Food (continued)

open or undated food. Pie belonged to a staff member and was removed immediately. Staff will be educated on 1/30/26. Administrator will check fridges daily and do at least 3 documented checks weekly to ensure food is in a closed container starting 1/26/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator education all staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 2/12/26

Directed Completion Date: 02/17/2026

Implemented - 03/26/2026)

132b - Safety Inspection/Fire Drill

17. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on

Plan of Correction

Accept - 01/27/2026)

Fire drill, Safety inspection and Fire Safety training were conducted by Uniontown Fire Department on 1/9/26.

Quality Management meeting is scheduled for 2/6/26. Administrator will make a checklist for mandatory monthly checks starting 1/26/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented 03/26/2026)

132c - Fire Drill Records

18. 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.

Description of Violation

The home conducted a fire drill on at 5:15 p.m. The home's fire drill record did not indicate the exit path used by the residents to evacuate and indicated the designated meeting location "Outside in circle" instead.

The home conducted a fire drill on at 11:30 p.m. The home's fire drill record did not indicate the exit path used by the residents to evacuate and indicated the designated meeting location "Outside circle" instead.

The home conducted a fire drill on however, the home's fire drill log did not record the drill or any details about the drill.

132c - Fire Drill Records (continued)

Plan of Correction**Accept** [REDACTED] - 02/12/2026)

Administrator did conduct a fire drill on 12/31/25. Administrator will be sure to use the exit path on the log instead of the designated meeting space. Administrator will have a monthly checklist to ensure fire drills are completed and documented correctly starting 1/26/26. Quality Management meeting is scheduled for 2/6/26.

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented [REDACTED] - 03/26/2026)

141a - Medical Evaluation

19. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [REDACTED] admitted [REDACTED] did not have an initial medical evaluation.

REPEAT VIOLATION [REDACTED]

Plan of Correction**Accept** [REDACTED] - 01/27/2026)

Resident [REDACTED] was scheduled again for a medical evaluation on 1/8/2026. Resident refused to go to the appointment. Resident was rescheduled for 1/23/26 with the house doctor but [REDACTED] did not like what [REDACTED] was asking, screamed at [REDACTED] and walked away. Resident is again scheduled for 1/30/26 with the house doctor again. Resident meeting is scheduled for 1/30/26. Administrator will go over the rules of the home and explain that they must be compliant with doctor appointments. Administrator has started auditing resident files and will be completed by 1/30/26.

Resident file checklists are in the front of each file and will be audited monthly as of 1/30/26. Any new resident will be audited weekly until complete. Administrator will keep documentation.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 03/26/2026)

181c - Self-administration Assessment

20. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

The home is allowing resident [REDACTED] to self-administer medications when the resident is out of the building. Resident [REDACTED] has an order from their physician's certified nurse practitioner that indicated "Please allow resident [REDACTED] to carry [REDACTED] glucometer and medications when [REDACTED] has left the facility. Please let me know if you have any questions." However, there was no assessment performed by a physician, physician's assistant or certified registered nurse practitioner regarding resident [REDACTED]'s ability to recognize and distinguish each of [REDACTED] medications, know how much medication is to

181c - Self-administration Assessment (continued)

be taken, or know when each medication is to be taken.

Plan of Correction

Directed (█ - 02/12/2026)

Resident █ was explained that to be able to self administer medications that we need an assessment by █ PCP of █ abilities to recognize and distinguish each of █ medications. Resident █ has agreed that █ will speak to █ doctor to obtain this. In the meantime, █ will be at the facility when it is time for medications. The home will not allow self administration without proper documentation. Quality Management meeting is scheduled for 2/6/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall educate all medication staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 2/12/26

Within 3 days of receipt of the plan of correction: The administrator shall conduct an audit of all residents identified to self-administer medications and the residents' actual ability to self-administer medications. █ 2/12/26

Directed Completion Date: 02/15/2026

Implemented █ - 03/26/2026)

183c - Refrigerated Meds Locked

21. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On █ at approximately 9:31 a.m., there were multiple medications stored unlocked in the home's kitchen and refrigerator to include:

- An opened box of █ that contained four individual unopened pens labeled for resident █
- A lockbox that was unlocked and contained two open boxes with six total individual pens and a third unopened box of █ that belonged to resident █. Additionally, the lockbox contained a box of █ that was prescribed for resident █ to be administered every two months by a healthcare professional.

Plan of Correction

Directed █ - 02/12/2026)

A staff member took the lock off and did not replace it. Administrator immediately replaced the lock on the fridge. To ensure this never happens again, Administrator moved all medications from kitchen fridge to the basement fridge on 1/1/26. The location of the fridge that medications are currently in is in a locked room. Administrator will check weekly to ensure door is locked and medications are current. Staff education scheduled for 1/30/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in

183c - Refrigerated Meds Locked (continued)

accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented ([REDACTED] - 03/26/2026)

183d - Prescription Current

22. 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

On [REDACTED] at approximately 9:31 a.m., there were four boxes of [REDACTED] that were not labeled with the name of any resident that were found unlocked and unattended in the home's side-by-side Frigidaire refrigerator and freezer. Staff interviews indicated the medication was not prescribed for any of the home's current residents.

Plan of Correction

Directed [REDACTED] 02/12/2026)

The medication was for a former resident who had gone to nursing care. The nursing home did not know if it was temporary or permanent. The medication cost \$20,000 each month so administrator did not want it to affect [REDACTED] if [REDACTED] did return. Upon discovering that the resident was staying in nursing care the administrator did contact the pharmacy it came from to return the medication. The pharmacy would not come back to get it and would not accept it as a return. The home pharmacy would not take the medication initially because it was not from their pharmacy. However, after many discussions Laurel LTC pharmacy has agreed to dispose of the medication. Documentation of disposal will be kept. Medication Audits were done but are currently being done again and will be completed by 1/28/26. Monthly audits to continue monthly and with any new medication d/c or change. Documentation will be kept. Staff education is scheduled for 1/30/26.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/12/2026

Implemented [REDACTED] - 03/26/2026)

185a - Implement Storage Procedures

23. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] at 5:20 p.m. resident [REDACTED] indicated a blood glucose reading of [REDACTED]. However, resident [REDACTED] December 2025 medication administration record did not document a blood glucose reading on [REDACTED] at approximately 5:00 p.m.

185a - Implement Storage Procedures (continued)

On [redacted] at 7:53 a.m. resident [redacted] indicated a blood glucose reading of [redacted]. However, resident [redacted]'s December 2025 medication administration record documented a blood glucose reading of [redacted] on [redacted] at breakfast.

On [redacted] 12:12 p.m. resident [redacted] indicated a blood glucose reading of [redacted]. However, resident [redacted]'s December 2025 medication administration record documented a blood glucose reading of [redacted] on [redacted] at lunch.

On [redacted] at 5:24 p.m. resident [redacted]'s glucometer indicated a blood glucose reading of [redacted]. However, resident [redacted]'s December 2025 medication administration record documented a blood glucose reading of [redacted] on [redacted] at dinner.

REPEAT VIOLATION [redacted]

Plan of Correction

Directed [redacted] - 02/12/2026)

Glucometer readings will be checked for accuracy at least 3x a week starting 1/26/26. Documentation will be kept. Staff will receive education on 1/30/26. Any staff member having difficulty reading the meter correctly or documenting the reading will be removed from doing blood sugars.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator education all medication administration staff persons regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [redacted] 2/12/26

Within 1 day of receipt of the plan of correction: The administrator of designated staff person shall increase glucometer reading to daily for three months, [redacted] 2/12/26

Directed Completion Date: 02/17/2026

Implemented [redacted] - 03/26/2026)

187a - Medication Record

24. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] was prescribed [redacted], take 0.5mL by mouth every hour as needed for [redacted]. However, the resident's December 2025 medication administration record did not include the diagnosis or purpose of the medication.

187a Medication Record (continued)

Plan of Correction

Directed [redacted] - 02/12/2026)

Administrator audited mar book to ensure all other medications have their purpose included. The medication mentioned was from Hospice and staff did not catch that the purpose was missing. Medication Administration training is scheduled with med trainer on 2/9/2026. Med trained staff will attend. Mar audits for January will be completed by 1/28/26 to ensure all medication records have all the requirements. Med Trainer will audit Mar and Medication cart on 2/9/26. Documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day or receipt of the plan of correction: The administrator or designated staff person shall audit all resident MARs weekly for three months to ensure accuracy and completeness/ [redacted] 2/12/26

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [redacted] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [redacted] - 03/26/2026)

187b - Date/Time of Medication Admin.

25. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] has a prescriber's order that the resident can take [redacted] blood glucose monitor and medications when leaving the building. However, on dates ranging from [redacted] through [redacted] resident [redacted] self administered medications while off site, but direct care staff person C documented the resident's December 2025 medication administration record as though [redacted] had administered the medication.

Resident [redacted] is prescribed [redacted], take one tablet by mouth twice a day for thirty days. Resident [redacted] was administered the [redacted], however, the December 2025 medication administration record did not include the medication administration on dates ranging from [redacted] through [redacted] at 8:00 p.m.

Resident [redacted] is prescribed [redacted], take one tablet by mouth twice a day for thirty days. Resident [redacted] was administered the [redacted], however, the December 2025 medication administration record did not include the medication administration on [redacted] at 8:00 p.m.

Resident # [redacted] is prescribed [redacted] tablet, take one tablet by mouth twice a day for thirty days. Resident [redacted] was administered the [redacted] tablet, however, the December 2025 medication administration record did not include the medication administration at 8:00 p.m. on dates to include:

- [redacted]
- [redacted]
- [redacted]

187b Date/Time of Medication Admin. (continued)

- [REDACTED] through [REDACTED]

REPEAT VIOLATION [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/12/2026)

Mar audits will be completed weekly to ensure staff is documenting correctly starting 1/28/26. Med trainer has scheduled medication administration for 2/9/26. Med trainer will evaluate med techs to ensure they are knowledgeable and competent to administer medications. Med trainer will audit med cart and Mar on 2/9/26 and monthly afterwards. Med trainer will provide documentation.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day or receipt of the plan of correction: The administrator or designated staff person shall audit all resident MARs weekly for three months to ensure accuracy and completeness. [REDACTED] 2/12/26

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i). [REDACTED] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [REDACTED] - 03/26/2026)

187d - Follow Prescriber's Orders

26. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], inject subcutaneously per sliding scale three times a day with meals for [REDACTED] call MD.
However, on [REDACTED] at 7:53 a.m., resident # [REDACTED] blood glucose reading was [REDACTED] and the resident was not administered [REDACTED].

Resident [REDACTED] is prescribed [REDACTED], inject subcutaneously per sliding scale three times a day with meals for [REDACTED] call MD.
However, on [REDACTED] at 12:12 p.m., resident [REDACTED]s blood glucose reading was [REDACTED] and the resident was not administered [REDACTED].

Resident [REDACTED] is prescribed [REDACTED], inject subcutaneously per sliding scale three times a day with meals for [REDACTED] call MD.
However, on [REDACTED] at 5:24 p.m., resident [REDACTED] blood glucose reading was [REDACTED] and the resident was not administered [REDACTED].

REPEAT VIOLATION [REDACTED]

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed [redacted] - 02/12/2026

Resident was administered the insulin per staff but it was not documented. Administrator will check glucometer readings and MAR daily. Diabetic training is scheduled for January 30th with Diabetic instructor Cheryl Roberts. Medication administration training is scheduled for 2/9/26 with Jamie Thompson. Weekly audits of glucometers and Mar will be conducted by the administrator starting 1/26/26 - documentation will be kept. Med Trainer will do monthly audits of medication cart and MAR - documentation will be kept.

Proposed Overall Completion Date: 02/12/2026

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall document the education of staff in accordance with Regulation 2600.65(i) [redacted] 2/12/26

Directed Completion Date: 02/13/2026

Implemented [redacted] - 03/26/2026

224a - Preadmission Screen Form

27. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted]'s pre-admission screening form, dated [redacted], did not indicate whether or not the resident can safely use and avoid poisonous materials, that section was left incomplete.

Plan of Correction

Accept [redacted] - 02/12/2026

Administrator did correct and not Resident [redacted] pre admission screening on 12/. Administrator checked all other resident pre screening forms to ensure they were complete on 1/1/26. Administrator is currently auditing all resident files and documentation will be kept. Audits to be completed by 1/28/26. As of 1/28/26 all current resident files will be audited every 30 days and new resident files will be audited weekly until complete and then monthly with all other residents. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented [redacted] - 03/26/2026

225a - Assessment 15 Days

28. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident [redacted] who was admitted to the home on [redacted]

225a - Assessment 15 Days (continued)

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/27/2026)

Resident [REDACTED] assessment was completed on 1/2/26. All other resident files were checked to ensure assessments were done in a timely manner. Administrator has made a master sheet for resident records and a checklist to be in the front of resident files. All resident records will be audited by 1/28/26 and documentation will be kept. All current resident records will be reviewed monthly as of 1/28/26 and new residents weekly until complete. Documentation of audits will be kept.

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

Implemented [REDACTED] - 03/26/2026)

227e - Self Administer Medication

29. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

The home is allowing resident [REDACTED] to self-administer medications when the resident is out of the building. Resident [REDACTED] has an order from their physician's certified nurse practitioner that indicated "Please allow resident [REDACTED] to carry [REDACTED] glucometer and medications when [REDACTED] has left the facility. Please let me know if you have any questions." However, resident [REDACTED] support plan, finalized [REDACTED], documented that the resident cannot self-administer medications with a plan to meet medication needs that indicated "Certified staff will administer, document, store and observe."

Plan of Correction

Directed [REDACTED] - 02/12/2026)

A new support plan was completed on resident [REDACTED] on 1/2/26. Resident support plan does still say that staff will administer, document, store and observe. Resident was explained that without the proper assessment through a doctor [REDACTED] would not be permitted to self administer medications. Resident has agreed and is scheduling this assessment through [REDACTED] own doctor. Resident has agreed to come back to the home at medication times. Administrator is currently auditing all support plans to ensure the information is still correct and the support plan is being followed. Audit to be complete by 1/28/26.

Proposed Overall Completion Date: 02/12/2026

Within 5 days of receipt of the plan of correction: The administrator or designated staff person shall conduct an audit of all resident assessments and support plans for accuracy and completeness. Documentation of the audit shall be kept. [REDACTED] 2/12/26

Directed Completion Date: 02/17/2026

Implemented [REDACTED] - 03/26/2026)