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

August 3, 2026

[redacted]
SYCAMORE ESTATES, LLC
[redacted]

RE: SYCAMORE ESTATE PERSONAL CARE RESIDENCE
717 DUQUESNE BLVD
DUQUESNE, PA, 15110
LICENSE/COC#: 45450

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2026 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: *SYCAMORE ESTATE PERSONAL CARE RESIDENCE* **License #**: *45450* **License Expiration**: *06/17/2026*

Address: *717 DUQUESNE BLVD, DUQUESNE, PA 15110*

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

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *SYCAMORE ESTATES, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *29* **Waking Staff**: *22*

Inspection Information

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

Reason: *Complaint, Fine* **Exit Conference Date**: *01/06/2026*

Inspection Dates and Department Representative

01/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* **Residents Served**: *25*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *25*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

01/06/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/13/2026*

02/12/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/18/2026*

Inspections / Reviews *(continued)*

02/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *02/18/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/09/2026*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/09/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

Resident [redacted] was admitted to the home on [redacted] Resident [redacted] is prescribed blood glucose checks 4 times daily with [redacted] sliding scale coverage. At the time of inspection, a bag labeled with resident [redacted] name contained 2 different glucometers. An unlabeled OneTouch Ultra 2 glucometer was present in the bag which contained numerous blood glucose readings for resident [redacted] including a reading on [redacted] at 7:49am; however, the glucometer also included a blood glucose reading on [redacted] at 5:14pm, which is prior to resident [redacted] admission to the home. According to staff person C, the home's administrator, the OneTouch Ultra 2 glucometer was used to test another resident's blood glucose prior to resident [redacted] s admission.

Plan of Correction ***Directed [redacted] 02/19/2026)***

On the day of the inspection resident [redacted] glucometers were removed and a new one was issued to the resident with their name labeled on it. Only resident [redacted] was issued a new glucometer and their physician was notified on 1/6/26 of the finding with no additional instructions or concerns from the PCP.

All other residents' MAR with glucometers were audited to ensure a single user on the history of the glucometer. This was completed on 1/6/26. On 2/9/26, the administrator updated "The New Resident Admission Standard Operating Procedure" (attached) with updated with language on lines 135-137, "If the resident is a diabetic and requires blood glucose testing, the resident should have a NEW Glucometer and a label created to identify that glucometer only for them. This is to meet 2600.85(a) - Sanitary conditions shall be maintained." Medication trained staff will receive retraining on the SOP by the next in-service by 2/25 by the administrator or designee and the training will be kept in accordance with 2600.65.(i).

The administrator will include the monitoring of glucometers to ensure they are used for the specified resident during future all cart audits which includes confirmation of the labeling and the matching of the glucometer reading to the MAR. The home will conduct monthly med cart audits for long-term monitoring to ensure glucometers are only used for the resident they are issued to. (DIRECTED: Beginning on 2/23/26: The administrator/designee shall review the glucometers and blood glucose documentation for all residents prescribed blood glucose checks daily for 1 week, then weekly for 1 month, then monthly thereafter to ensure accurate and complete blood glucose documentation is present and to ensure resident glucometers are only used by the resident the glucometer was issued to. Documentation of the audits shall be kept for 1 month. [redacted] 2/19/26).

Additionally, a designated staff person shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 3 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review. This will begin the week of 2/16.

Proposed Overall Completion Date: 02/25/2026

Directed Completion Date: *03/09/2026*

Implemented [redacted] 05/22/2026)

183d - Prescription Current

2. 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], resident [redacted] was discontinued by the prescriber; however, this medication was still present in the home's medication cart at the time of inspection.

REPEAT VIOLATION: [redacted]

Plan of Correction ***Directed ([redacted] - 02/19/2026)***

Resident [redacted] prescription has been updated per the physician's orders- the DC'ed script was removed from the cart. This was completed by the administrator on 1/6/26. Starting 2/6/26, The administer or designee will conduct bi-weekly audits for two months to ensure to verify that all medications in the home are current and prescribed for residents presently living in the facility, this includes review of all current residents' medications. This will be completed by 3/20/26. To support the long term monitoring of this violation, the administrator or designee will conduct monthly cart audits following the initial two month biweekly POC to ensure only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Medication trained staff will receive retraining on proper medication storage, disposal, and documentation procedures by the next in-service by 2/25 by the administrator or designee and the training will be kept in accordance with 2600.65.(i).

Proposed Overall Completion Date: 03/20/2026

Directed Completion Date: *03/09/2026*

Implemented [redacted] - 05/22/2026)

185a - Implement Storage Procedures

3. 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

Resident [redacted] is currently prescribed [redacted]-Unwrap and insert 1 suppository rectally daily as needed for constipation; however, this medication was not present and available in the home at the time of inspection.

Resident [redacted] is currently prescribed [redacted] tablet-Administer 1 tablet sublingually, allow it to dissolve under the tongue every 4 hours as needed for respiratory secretions; however, this medication was not present and available in the home at the time of inspection.

185a - Implement Storage Procedures (continued)

Resident [redacted] is currently prescribed [redacted] subcutaneously 4 times a day per sliding scale: 70-150=0 units; 151-200=3 units; 201-250=6 units; 251-300=9 units; 301-350=12 units; 351-400=15 units; >401=call MD.

- *On [redacted] at approximately 9:00pm, resident [redacted]s January 2026 medication administration record (MAR) includes a blood glucose reading of [redacted] however, this blood glucose reading is not present on resident [redacted]s glucometer*
- *On [redacted] at approximately 4:00pm, resident [redacted]s January 2026 MAR includes a blood glucose reading of [redacted]; however, this blood glucose reading is not present on resident [redacted]s glucometer*
- *On [redacted] at approximately 4:00pm, resident [redacted]s blood glucose reading was documented on resident [redacted]s January 2026 MAR as [redacted]; however, resident [redacted] glucometer indicates a blood glucose reading of [redacted] for this date/time*
- *On [redacted] at approximately 4:00pm, resident [redacted]s December 2025 MAR includes a blood glucose reading of [redacted]; however, this blood glucose reading is not present on resident [redacted] glucometer*
- *On [redacted] at approximately 9:00pm, resident [redacted] December 2025 MAR includes a blood glucose reading of [redacted]; however, this blood glucose reading is not present on resident [redacted] glucometer*

REPEAT VIOLATION: [redacted]

Plan of Correction ***Directed ([redacted] - 02/19/2026)***

On the date of the inspection Resident [redacted] was DC'ed and Resident [redacted] 0.125mg tablet was DC'ed, see attached. Starting 2/6/26, the administrator conducted a full cart audit on 1/7/26 to ensure all prescribed medications were present in the home and available for administration. To monitor ongoing compliance, the administer or designee will conduct bi-weekly audits for two months for all current residents' medications to ensure safe storage, access, security, distribution and use of medications. Administrator or Resident Care Coordinator will have this completed by 3/20/26. All medication technicians will be trained by the administrator or designee on the proper safe storage, access, security, distribution and use of medications by the next in-service on 2/25/26. The training documentation will be kept in accordance with 2600.65.(i).

The root cause of the violations related to the resident [redacted] blood glucose readings is the failure to ensure a singular, dedicated glucometer was assigned to [redacted] upon admission. The resident was admitted on 12/5/25 and had brought two glucometers which were interchanged with readings and hence the readings on the MAR but not on the glucometer that was reviewed. The failure to assign a singular glucometer has been addressed in the New Resident Admission SOP which all staff will be trained on by the next in-service by 2/25/26. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 2/19/26). The resident was issued a new glucometer on the day of the inspection 1/6/26. Language now included is "If the resident is a diabetic and requires blood glucose testing, the resident should have a NEW Glucometer and a label created to identify that glucometer only for them. This is to meet 2600.85(a) - Sanitary conditions shall be maintained. "

DIRECTED: Beginning on 2/23/26: The administrator/designee shall review the glucometers and blood glucose documentation for all residents prescribed blood glucose checks daily for 1 week, then weekly for 1 month, then monthly thereafter to ensure accurate and complete blood glucose documentation is present and to ensure resident glucometers are only used by the resident the glucometer was issued to. Documentation of the audits shall be kept for 1 month[redacted] 2/19/26.

For long term monitoring of the home, the Administrator or designee will continue monthly medcart audits

185a - Implement Storage Procedures (continued)

starting in April for all resident medications to ensure all prescribed medications are present in the home and available for administration. These medcart audits will ensure all current medications and order are available for administration, that only current medications are available, it will monitor glucose checks to the MAR and ensure residents are only using their assigned glucometer. Records of these audits and following actions will be kept for agency review.

Proposed Overall Completion Date: 03/20/2026

Directed Completion Date: *03/09/2026*

Implemented [redacted] 08/03/2026)

187b - Date/Time of Medication Admin.

4. 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] is currently prescribed [redacted] unit-Take 1 tablet by mouth 3 times a day with a meal; however, resident [redacted] January 2026 MAR does not include the initials of the staff person who administered the medication to resident [redacted] on [redacted] at 12:00pm.

Resident [redacted] is currently prescribed [redacted] -Apply topically to vaginal/external area twice per day. On [redacted] at 9:00am, direct care staff person A administered the [redacted] to resident [redacted] however, direct care staff person B documented resident [redacted] s January 2026 MAR as administering the cream to resident [redacted] on [redacted] at 9:00am.

REPEAT VIOLATION: [redacted]

Plan of Correction ***Directed [redacted] - 02/19/2026)***

The Administrator completed an initial MAR audit verifying there were medications on the MAR that was not signed off on. This was completed on 2/6/26. Starting on 2/6/26 Administrator or Resident Care Coordinator will complete a MAR audit biweekly for two months for all resident medications. Administrator or Resident Care Coordinator will have this completed by 3/20/26. All medication staff will be reeducated on the proper recording of medication by the next in-service on 2/25/26 and records will be kept according to 2600.65(i).

For long term monitoring, the administrator or designee will conduct MAR audit for all residents to ensure the MAR is completed in a timely and correct manner on a monthly basis starting in April. Records of these audits will be kept for agency review.

Proposed Overall Completion Date: 03/20/2026

Directed Completion Date: *03/09/2026*

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

Implemented [redacted] - 08/03/2026)