Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

April 24, 2026

[REDACTED], NHA
LGARPA CORP
800 ELSIE STREET
TURTLE CREEK, PA, 15145

RE: SERENITY AT LGAR
800 ELSIE STREET
TURTLE CREEK, PA, 15145
LICENSE/COC#: 45695

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2026 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: *SERENITY AT LGAR* **License #**: *45695* **License Expiration**: *09/19/2026*

Address: *800 ELSIE STREET, TURTLE CREEK, PA 15145*

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

Administrator

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

Legal Entity

Name: *LGARPA CORP*

Address: *800 ELSIE STREET, TURTLE CREEK, PA, 15145*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *02/18/2025* **Issued By**: *Borough of Turtle Cree*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *02/05/2026*

Inspection Dates and Department Representative

02/05/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *12*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *40* **Residents Served**: *12*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

02/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/26/2026*

03/25/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/01/2026*

Inspections / Reviews *(continued)*

04/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *04/15/2026*

Reviewer: [redacted] **Follow Up Type**: *Document Submission* **Follow Up Date**: *04/17/2026*

04/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted**: *04/15/2026*

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

107b - Emergency Procedures

1. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home did not have emergency procedures that include the following:

1. Contact information for each resident's designated person.

2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.

3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.

4. Means of transportation in the event that relocation is required.

5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

6. Alternate means of meeting resident needs in the event of a utility outage.

Plan of Correction ***Accept (- 04/01/2026)***

Prior PCHA had residents temporarily placed on skilled unit due to broken sprinkler system. Binder with emergency preparedness information was not transferred. All residents are back on Serenity PC unit and Emergency Preparedness manual is at nursing station with all staff knowledgeable to location and content.
Administrator submitted emergency plan to department on 3/16/2026, consisting of 134 pages. Administrator will have three copies of emergency plan placed at nursing station, medication room, and facility front entrance; staff made aware of locations and information will be reiterated at staff meeting on 4/15/2026. On 4/13/2026 (and then monthly), the emergency plan will be discussed in Quality Management Review meeting with Executive Director, management team, and personal care staff.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (- 04/24/2026)

132c - Fire Drill Records

2. 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's fire drill record for the drills conducted from 9/8/2025 to 1/8/2026 indicates the amount of time to evacuate in minutes only, does not indicate the number of staff who participated in the drill, and does not indicate whether or not the fire alarm was operative. The records indicate that all drills had an evacuation time of 15

132c - Fire Drill Records (continued)

minutes, 'y' for the number of staff who participated in the drills, and 'n/a' for the alarm being operative.

Plan of Correction ***Accept (█ - 04/01/2026)***

Staff and Facilities Director educated on requirements and need to utilize forms with all required information indicated. Forms being utilized by Facilities Director.

Starting with fire drill on 2/20/2026, fire drill evacuation times will be documented in minutes and seconds, the actual number of staff persons participating will be included, and a "yes" or "no" as to whether or not the fire alarm was activated. Immediate education was provided to Facilities Director onsite during survey on 2/5/2026, with verbal understanding. Education provided to staff and Facilities Director reoccurred on 3/16/2026 by Administrator. Facilities Director is responsible for fire drills and completing fire drill log. Administrator, or designee, will monitor fire drills monthly to ensure compliance for six months. Fire drill responses and audit results will be reviewed in Quality Management Review meeting on 4/13/2026 (and then monthly), with Executive Director, management team, and personal care staff.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (█ - 04/24/2026)

132d - Evacuation

3. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 9/8/2025, at 1:00pm, all residents were evacuated in 15 minutes, according to the home's fire drill records. The home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert at the time of this drill. The home exceeded an evacuation time of 2 minutes 30 seconds during the 9/8/2025 drill.

According to the document completed by a fire safety expert, dated 10/20/2025, the home's maximum safe evacuation time is 6 minutes 10 seconds; however, the home's fire drill records indicate that all fire drills conducted from 10/20/2025 to 1/8/2026 were completed in 15 minutes.

Plan of Correction ***Accept (█ - 04/01/2026)***

All staff were educated on the expectations of evacuations regarding how long it should take. Facilities Director will continue to conduct fire drills and if evacuation time exceeds 6 minutes and 10 seconds, staff will have an open discussion with Management as to why the timing was not attained. PCHA or designee will monitor fire drill logs for 6 months.

132d Evacuation (continued)

Administrator educated all staff on 3/16/2026, regarding evacuation time and what to do if evacuation time is not achieved. Facilities Director educated by Administrator on 3/16/2026, that if evacuation time exceeds 6 minutes and 10 seconds, additional drills must be conducted in the month. Evacuation times will be monitored during monthly audits conducted by Administrator or designee for a minimum of 6 months.
Fire drill log will include which exit routes were utilized during fire drill. To ensure the same exit route is not utilized each time, staff will be instructed on how to appropriately determine which exit should be used. Facilities Director will simulate a fire with a prop and ensure that residents and staff do not exit passed the "fire". Fire drill responses and audit results will be reviewed in Quality Management Review meeting on 4/13/2026 (and then monthly), with Executive Director, management team, and personal care staff.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (█ - 04/24/2026)

132f - Alternate Exit Routes

4. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The "main" exit was the only exit route used during the fire drills held from 9/8/2025 to 1/8/2026.

Plan of Correction ***Accept (█ - 04/01/2026)***

Staff were educated on the need to utilize multiple exits so residents evacuate at the nearest/safest exit. Fire drill logs will be monitored for 6 months.

Administrator educated all staff on 3/16/2026, regarding evacuation time and what to do if evacuation time is not achieved. Facilities Director educated by Administrator on 3/16/2026, that if evacuation time exceeds 6 minutes and 10 seconds, additional drills must be conducted in the month. Evacuation times will be monitored during monthly audits conducted by Administrator or designee for a minimum of 6 months.
Fire drill log will include which exit routes were utilized during fire drill. To ensure the same exit route is not utilized each time, staff will be instructed on how to appropriately determine which exit should be used. Facilities Director will simulate a fire with a prop and ensure that residents and staff do not exit passed the "fire". Fire drill responses and audit results will be reviewed in Quality Management Review meeting on 4/13/2026 (and then monthly), with Executive Director, management team, and personal care staff.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (█ - 04/24/2026)

141a - Medical Evaluation

5. 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 #1's medical evaluation, dated █████, was not documented on a form specified by the Department.

141a Medical Evaluation (continued)

Resident #2's medical evaluation, dated [redacted] was not documented on a form specified by the Department.

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

New PCHA, as of 2/20/2026, reviewed all resident DME forms to ensure completion, timeliness, and correct form (7/25 version). Audits will be conducted monthly for 6 months to ensure compliance. Master form has been checked and is 7/25 version.

An internal audit was conducted on 3/16/2026, by Administrator with 3 incorrect DME forms noted. All three DME forms completed on 7/25 version.
Master copy of DME form was checked by Administrator on 3/16/2026 and 6/21 version was discarded. Monthly audits will be conducted by Administrator or designee for 6 months, which began on 3/16/2026.
Administrator and Executive Director both aware of which version of form to be used as they are the only ones who ensure completion of form. Information will be presented in Quality Management Review meeting on 4/13/2026 and then monthly by Administrator or designee, reviewing audit results with Executive Director, management team, and personal care staff.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented ([redacted] - 04/24/2026)