

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 03/05/2026 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: 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: 13 Waking Staff: 10

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Provisional, Monitoring Exit Conference Date: 03/05/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 29 Residents Served: 13
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

03/05/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/16/2026

03/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/25/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/23/2026

Inspections / Reviews *(continued)*

03/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25c11 List of Rates

1. 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 [redacted] dated [redacted] 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.

The resident-home agreement for resident [redacted] dated [redacted] 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

Accepted [redacted] 03/17/2026)

Administrator was not understanding the missing list of personal care services to be provided to a resident because the administrator was giving the resident that sheet with intake forms. Administrator did add in the Addendum D to all resident files on 3/10/26. Administrator will ensure it is included in all resident files from now on and added to resident file checklist as of 3/16/26. All checklists on all resident files will be completed by 3/18/26 by administrator. All resident files will be audited quarterly as of 3/18/26 by administrator and assistant. New resident files will be checked weekly until completed by administrator and assistant - implemented 3/16/26.

Licensee's Proposed Overall Completion Date: 03/18/2026

Implemented [redacted] - 03/26/2026)

65i Training Record

2. 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 the length of each course for the required orientation training in emergency preparedness or required orientation training during the first 40 hours of work.

The record of training for direct care staff person B, hired [redacted], did not include the length of each course for the required orientation training in emergency preparedness.

The record of training for direct care staff person B, hired [redacted], did not include the source of the training or the length of each course for the required orientation training during the first 40 hours of work.

Plan of Correction

Accepted [redacted] 03/17/2026)

The length of each course and the source of the training was added to each staff file. Administrator did ensure all other trainings included length and source but did not realize that the orientation training needed this information. All staff files will be audited by 3/20/26 by administrator and assistant to ensure training records are accurately recorded

Licensee's Proposed Overall Completion Date: 03/20/2026

65i Training Record (continued)

Implemented [REDACTED] - 03/26/2026)

103g Storing Food

3. Requirements

2600.

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

Description of Violation

At approximately 9:32 a.m. there was an opened package of Land-o-Lakes American Cheese that contained seven slices of uncovered cheese in the bottom right crisper drawer of the home's dining room Frigidaire refrigerator.

Plan of Correction

Accept [REDACTED] - 03/17/2026)

A resident had cheese in resident's fridge but when staff went to remove it [REDACTED] had walked out of the room with the cheese in [REDACTED] mouth. Administrator did speak to residents and staff on 3/6/26 but will have a resident/staff meeting and staff education on 3/20/26. Administrator will direct staff to check the resident fridge every shift and remind residents as needed that all food needs to be in a sealed container. Administrator will check all fridges daily and keep documentation as of 3/16/26 ensuring no food is unsealed.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] - 03/26/2026)

183e Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [REDACTED] was not labeled with the date that it was opened and the manufacturer's directions for [REDACTED] indicated "Dispose after 28 days, even if there is insulin left in the pen or vial." Direct care staff could not identify when the resident's [REDACTED] had been opened.

Plan of Correction

Accept [REDACTED] 03/17/2026)

Resident [REDACTED] only had [REDACTED] units left during inspection. The pen in question was disposed of and a new pen was opened and dated. If resident [REDACTED] does run short on insulin the owner will purchase a pen for the resident. ALL medications that needed to be dated were checked for open dates as of 3/16/26. Med techs will receive education on 3/20/26. Med trainer will audit medication cart monthly and keep documentation as of 3/20/26.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] - 03/26/2026)

227a Support Plan 30 Days

5. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident [REDACTED]'s initial assessment, dated [REDACTED], indicated the resident required prompting/cueing for ambulating. However, the initial support plan, dated [REDACTED], did not indicate a description of service need, a plan to meet the service need, or the frequency, those areas of the form were marked not applicable.

Resident [REDACTED]'s initial assessment, dated [REDACTED] indicated the resident required prompting/cueing for managing finances. However, the initial support plan, dated [REDACTED], did not indicate a description of service need, a plan to meet the service need, or the frequency, those areas of the form were marked not applicable.

Resident [REDACTED]'s initial assessment, dated [REDACTED] indicated the resident required prompting/cueing for obtaining clean seasonal clothing. However, the initial support plan, dated [REDACTED], did not indicate a plan to meet the service need, or the responsible party, those areas of the form were marked not applicable.

Resident [REDACTED]'s initial assessment, dated [REDACTED] indicated the resident cannot self-administer medications. However, the initial support plan, dated [REDACTED] did not indicate a plan to meet medication needs, that area of the form was left blank.

Plan of Correction

Accept [REDACTED] - 03/17/2026)

After reading through resident [REDACTED]'s assessment it is clear that [REDACTED] assessment became mixed with another resident assessment. Administrator and assistant are currently auditing all assessments to ensure information is accurate for the resident the assessment is meant for. Audits will be completed by 3/20/26. Quarterly audits will take place on all resident records and will include rasp audits.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] 03/26/2026)