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

July 17, 2026

[redacted], EXECUTIVE DIRECTOR
GRACEFUL CARE LIVING, LLC
[redacted]

RE: GRACEFUL CARE LIVING
211 GARNIER STREET
SHARPSBURG, PA, 15215
LICENSE/COC#: 45467

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2026, 04/03/2026 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: *GRACEFUL CARE LIVING* **License #**: *45467* **License Expiration**: *10/31/2026*

Address: *211 GARNIER STREET, SHARPSBURG, PA 15215*

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

Administrator

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

Legal Entity

Name: *GRACEFUL CARE LIVING, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *03/08/1996* **Issued By**: *Labor and Industry*

Type: *C 2 LP* **Date**: *09/07/1993* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *27* **Total Daily Staff**: *60* **Waking Staff**: *45*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/08/2026*

Inspection Dates and Department Representative

04/02/2026 On Site: [redacted]

04/03/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* **Residents Served**: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *26*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *6* **Have Physical Disability**: *0*

Inspections / Reviews

04/02/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/08/2026*

Inspections / Reviews *(continued)*

05/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/11/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/19/2026*

05/27/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/11/2026*

07/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/11/2026*

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

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At approximately 10:40am, the door to the half bathroom, located under the staircase on the 1st floor, would not securely close into the door frame. Also, no lock was present on the bathroom door to allow for privacy while in use.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

On 4/2/2026, contractor [redacted] and [redacted] assistant ([redacted] shimmed the bottom of the door to the half bathroom, located under the staircase on the 1st floor so that it no longer sticks and also replaced the locking mechanism and knob of the same door so that it is able to securely close. On 4/3/2026, administrator [redacted] and department inspector [redacted] verified and approved that this door is repaired and is now acceptable under 2600.42.s. Administrator [redacted] or designated persons [redacted] will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that all bathroom doors within this facility is in good repair and maintained. Staff was reeducated on the requirements of this violation under 2600.42.s on 5/11 and 5/12/2026 by the administrator [redacted] and designated person [redacted] Documentation of this education will be kept on file in accordance with 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented ([redacted] - 07/17/2026)

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

No high school diploma, GED or active registry on status on the Pennsylvania nurse aide registry was present for direct care staff person A, who was hired on [redacted]

Plan of Correction ***Directed ([redacted] - 05/26/2026)***

Staff member A has been and is currently scheduled as auxiliary (housekeeping) staff due to administrator [redacted] is awaiting staff member A to provide proof of education as reflected on the schedules that were provided to the onsite department inspectors. Per department regulatory mobility hours, all shifts were adequately staffed with staff members who have the required qualifications. During the inspection on 4/2/2026, on site inspectors requested administrator [redacted] to provide staff member A's proof of age, which PA Identification Card was obtained and verified by on site inspectors during the inspection. Staff was educated on the requirements of this violation under 2600.54.a on 5/11 and 5/12/2026 by the administrator [redacted] and designated person [redacted] Documentation of this education will be kept on file in accordance with 2600.65.i. On 5/20/2026 administrator and designated person [redacted] audited all current employee records and verified that all necessary documentation is on file within each employee chart. Moving forward, the hiring process will involve a two-person review of documentation based on the already implemented

54a - Direct Care Staff (continued)

New Hire Checklist. The two-person review will consist of the Hiring Party ([redacted]) and at least one designated person ([redacted]) (will initial and date) and can be verified within each employee file. Please see attached documentation (revised checklist) (DIRECTED: The 2 person review shall begin on 5/30/26 and shall be conducted with 24 hours of hire to ensure qualifications specified in 2600.54a are obtained at time of hire for all newly-hired direct care staff persons. [redacted] 5/26/26).

Proposed Overall Completion Date: 05/20/2026

Directed Completion Date: *05/30/2026*

Implemented ([redacted] - 07/17/2026)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 4/2/26 at 10:38am, there were no paper towels, mechanical air blower or other sanitary means of hand drying present in the half bathroom, located under the staircase on the 1st floor.

On 4/2/26 at 10:50am, there were no paper towels, mechanical air blower or other sanitary means of hand drying present in the common bathroom across from bedroom #205.

Plan of Correction ***Accept ([redacted] - 05/13/2026)***

Immediately upon notification of this violation on 4/2/2026, administrator [redacted] instructed on staff housekeeper [redacted] to replenish the paper towels in the half bathroom, located under the staircase on the 1st floor and on-site department inspectors were made aware to verify during inspections on both 4/2-4/3/2026.
Per department mandate on 4/2/2026, administrator [redacted] relocated the 8 residents that resided on the 2nd floor to the other side of the building for safety purposes. The 2nd floor was then locked off completely by contractors [redacted] and [redacted] by installing a makeshift door that accesses the 2nd floor and locking the elevator doors that was approved by onsite department inspectors. The 2nd floor capacity was decreased per department supervisors recommendation so that the 2nd floor is no longer an active residential area per licensure. Therefore, there is no need to correct this part of the violation at this current time. Per the independent contractors [redacted], the estimated time of completion of the fire escape is set for 5/31/2026 and administrator [redacted] will continue to keep the department updated on progress and potential changes in regard to the fire escape installation. Upon completion of the fire escape and the reinstated use of the 2nd floor, Administrator [redacted] or designated persons [redacted] or [redacted] will perform documented checks 3 times weekly for 3 months (starting immediately upon reopening and capacity resumes to its fullest) to ensure that sanitary conditions are maintained.
Administrator [redacted] continues to staff a housekeeper at least a minimal of 5 days weekly and has re-educated all staff to replenish paper towels in any bathroom if depleted so that sanitary conditions shall be maintained under 2600.85.a. Administrator [redacted] or designated persons [redacted] or [redacted] will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that sanitary conditions are maintained. Staff was reeducated on the requirements of this violation under 2600.85.a on 5/11 and 5/12/2026 by the administrator [redacted] and designated person [redacted] All staff re-education and checks are documented. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/11/2026*

Implemented ([redacted] - 07/17/2026)

85a - Sanitary Conditions *(continued)*

88a - Surfaces

4. 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 4/2/26 at approximately 10:40am, the door to the half bathroom, located under the staircase on the 1st floor, would not securely close into the door frame.

On 4/2/26 at approximately 10:45am, the metal emergency exit door located next to the 1st floor half bathroom, would not securely close into the door frame.

On 4/2/26 at approximately 10:45am, there were numerous black spots, which appeared to be mold, present on the ceiling above the bathtub in the common bathroom next to bedroom #102.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

-On 4/2/2026, contractor [redacted] and [redacted] assistant ([redacted] shimmed the bottom of the door to the half bathroom, located under the staircase on the 1st floor so that it no longer sticks and so that the door is able to securely close. On 4/3/2026, administrator [redacted] and department inspector [redacted] verified and approved that this door is repaired and is now acceptable under 2600.88.a.
-On 4/2/2026, contractor [redacted] and [redacted] assistant ([redacted] tightened the loose screw of the striker within the door jamb of the metal emergency exit door located next to the 1st floor half bathroom so that it now securely closes into the door frame. On 4/3/2026, administrator [redacted] and department inspector [redacted] verified and approved that this door is repaired and is now acceptable under 2600.88.a.
- On 4/2/2026, administrator [redacted] cleaned the numerous black spots, which appeared to be mold, present on the ceiling above the bathtub in the common bathroom next to bedroom #102. Administrator [redacted] continues to staff a housekeeper at least a minimal of 5 days weekly and has re-educated all staff to immediately report to housekeeping/administrator [redacted] designated persons [redacted] and/or [redacted] of any concerns related under 2600.88.a. to be immediately rectified. On 4/3/2026, administrator [redacted] and department inspector [redacted] verified and approved that the black spots present on the ceiling above the bathtub in the common bathroom next to bedroom #102 is cleaned, non-existent and is now acceptable under 2600.88.a.
Administrator [redacted] or designated persons [redacted] [redacted] or [redacted] will perform documented checks 3 times weekly for 3 months starting 5/12/2026 then will be checked once weekly thereafter and documented to ensure ongoing compliance that all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards and is maintained. Staff was reeducated on the requirements of this violation under 2600.88.a on 5/11 and 5/12/2026 by the administrator [redacted] and designated person [redacted] Please see attached documentation. Documentation of this education will be kept on file in accordance with 2600.65.i.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented ([redacted] - 07/17/2026)

89b - Hot Water Temperature

5. Requirements

89b - Hot Water Temperature *(continued)*

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/2/26 at 10:17am, the hot water temperature at the sink in the common bathroom across from bedroom #505 was 128.8 degrees Fahrenheit, and on 4/3/26 at approximately 1:00pm, the hot water temperature at the same sink was 127.4 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

On 4/2/2026 at approximately 4 pm, contractor [redacted] had [redacted] assistant ([redacted] adjusted the hot water tank on the 5th floor to a lower temperature and ran the bathtub and sink faucets to drain the excessively hot water. This was done to ensure that the hot water temperature in the common bathroom of the 5th floor does not exceed 120°F. Contractor [redacted] then rechecked the common bathroom water temperature at approximately 5:30 pm to ensure that by lowering the hot water tank temperature valve and draining the excessive hot water from the water sources in the bathroom verified that the water temperature was cooling, and it did cool to 123.3 degrees. When rechecked again at around 8 pm by administrator [redacted] the water temperature of the sink was at 119.2 degrees, and the bathtub was at 118.6 degrees. Administrator [redacted] or designated persons [redacted] [redacted] or [redacted] will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that the hot water temperature in the common bathroom on the 5th floor, along with two other water sources that are accessible to residents (that will be identified on the audit checklist) does not exceed 120°F. After the initial 3-month documented checks, once weekly checks on 3 water sources that are accessible to residents will continue thereafter by either [redacted] [redacted] [redacted] or [redacted] and the documentation of the hot water temperatures obtained during the audits will be kept. Staff was reeducated on the requirements of this violation under 2600.89.b on 5/11 and 5/12/2026 by the administrator [redacted] and designated person [redacted] Documentation of this education will be kept on file in accordance with 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented ([redacted] - 07/17/2026)

92 - Windows

6. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 4/2/26 at approximately 10:00am, no screen was present in the open window, located on the 2nd floor common area across from bedroom #504.

On 4/2/26 at 10:55am, no screen was present on the exterior door of the home's kitchen, which was fully open.

REPEAT VIOLATION: 7/21/2025; 4/10/2025

92 Windows *(continued)*

Plan of Correction ***Accept (- 05/26/2026)***

On 4/3/2026, contracted staff and reinstalled the screen located on the 2nd floor common area across from bedroom #504.
On 5/11/2026, administrator specifically reeducated kitchen staff members and that the kitchen door is closed at all times. A sign was placed on the door which also states that the door must be closed at all times. Administrator or designated persons or will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that all windows, screens and doors within the facility are securely in place and are in good repair. After the initial 3 month documented checks, once weekly checks will continue thereafter by either or to ensure that all windows, screens and doors within the facility are securely in place and are in good repair. Staff was reeducated on the requirements of this violation under 2600.92 on 5/11 and 5/12/2026 by the administrator and designated person Documentation of this education will be kept on file in accordance with 2600.65.i. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/17/2026)

95 - Furniture and Equipment

7. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/2/26 at approximately 10:45am, the toilet in the common bathroom next to bedroom #102 was loose and not secured to the floor.

Plan of Correction ***Accept (- 05/26/2026)***

On 4/2/2026, contractors and assistant (replaced the toilet and installed it so that it is secured to the floor. On 4/3/2026, administrator and department inspector verified and approved that the toilet was replaced, secure and is now acceptable under 2600.95. Staff was reeducated on the requirements of this violation under 2600.95 on 5/11 and 5/12/2026 by the administrator and designated person and to report any repairs needed or concerns immediately to administrator and/or supervisors to rectify. Documentation of this education will be kept on file in accordance with 2600.65.i. Administrator or designated persons or will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that all furniture and equipment within the home are in good repair. After the initial 3 month documented checks, once weekly checks will continue thereafter by either or to ensure that all furniture and equipment must be in good repair, clean and free of hazards. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/17/2026)

100a - Exterior - Free of Hazards

8. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards *(continued)*

Description of Violation

Some time at the end of December 2025/early January 2026, the external fire escape was removed from the old side of the home, which was accessible from the 2nd and 3rd floors of the old side of the home. On 4/2/26 at approximately 11:00am, an agent of the Department opened the unlocked 2nd floor emergency exit door near bedroom #209. Once the agent of the Department pushed opened the door, no external fire escape was present and there was a 2 story drop to the ground immediately outside the emergency exit door, posing a hazard to residents. At the time of inspection, 8 residents resided on the 2nd floor of the old side of the home.

Plan of Correction ***Directed (- 05/27/2026)***

Per department mandate on 4/2/2026, administrator relocated the 8 residents that resided on the 2nd floor to the other side of the building for safety purposes. The 2nd floor was then locked off completely by contractors and by installing a makeshift door that accesses the 2nd floor and locking the elevator doors that was approved by onsite department inspectors. The 2nd floor capacity was decreased per department supervisors' recommendation so that the 2nd floor is no longer an active residential area per licensure. Therefore, there is no need to correct this part of the violation at this current time. Per the independent contractors, the estimated time of completion of the fire escape is set for 5/31/2026 and administrator will continue to keep the department updated on progress and potential changes in regard to the fire escape installation. Upon completion of the fire escape and the reinstated use of the 2nd floor, Staff was educated on the requirements of this violation under 2600.100.a on 5/11 and 5/12/2026 by the administrator and designated person Documentation of this education will be kept on file in accordance with 2600.65.i. The fire escape was completed on 5/20/2026 and is to be inspected by a professional engineer on 5/21/2026 in which upon completion of this inspection a PE stamp will be issued and will also be kept on file. (DIRECTED: Documentation of the PE stamp shall be kept. 5/27/26). The facility administrator (or designated person (the facilities emergency management coordinator, who is will inspect the exterior grounds of the home at least weekly to ensure long-term compliance with 2600.100.a. which will be documented and kept on file implemented on 5/20/2026. Please see attached documentation.

DIRECTED: Beginning on 5/30/26: The administrator/designee shall inspect exterior of the home and building grounds weekly to ensure they are in good repair and free of hazards. 5/27/26

DIRECTED: Within 15 days of receipt of the plan of correction: The administrator will submit a new certificate of occupancy or written certification from the local building code official that a new one is not required to the Department in accordance with §2600.14(c). 5/27/26

Proposed Overall Completion Date: 05/20/2026

Directed Completion Date: *06/11/2026*

Implemented (- 07/17/2026)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

9. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On 4/2/26 at approximately 10:45am, the grab bar attached to the toilet in the common bathroom next to bedroom #102 was very loose and was not secured to the toilet.

Plan of Correction ***Accept (- 05/26/2026)***

On 4/2/2026, contractors and assistant (replaced the grab bar surrounding the toilet and ensured that it is secured to the floor. On 4/3/2026, administrator and department inspector verified and approved that the toilet grab bar was replaced, secure and is now acceptable under 2600.102.d. Staff was reeducated on the requirements of this violation under 2600.102.d on 5/11 and 5/12/2026 by the administrator and designated person and to report any repairs needed or concerns immediately to administrator and/or supervisors to rectify. Documentation of this education will be kept on file in accordance with 2600.65.i. Administrator or designated persons or will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that all facility toilets' grab bars are in place and secure. After the initial 3-month documented checks, once weekly checks on all facility toilets/grab bars will continue thereafter by either or and the documentation of all audits will be kept. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/17/2026)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/2/26 at 10:26am, no thermometer was present in the upright Frigidaire freezer, located in the home's laundry room.

Plan of Correction ***Accept (- 05/26/2026)***

On 4/2/2026 administrator immediately replaced the thermometer in the upright Frigidaire freezer, located in the home's laundry room. On 5/11/2026, administrator specifically reeducated kitchen staff members and to ensure that all refrigerator and freezer thermometers are in place, are working properly and if any thermometers are needed or needed to be replaced. Staff was reeducated on the requirements of this violation under 2600.103.f on 5/11 and 5/12/2026 by the administrator and designated person Documentation of this education will be kept on file in accordance with 2600.65.i. Administrator or designated persons or will perform documented checks 3 times weekly for 3 months starting 5/12/2026 to ensure that all refrigerator and freezer thermometers are in place and are working properly. After the initial 3-month documented checks, once weekly checks on all facility refrigerator and freezer temperatures/thermometer audits will continue thereafter by either or and the documentation of all audits will be kept. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/17/2026)

122 - Two Access Exits/Floor

11. Requirements

2600.
122. Exits - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

Description of Violation

Some time at the end of December 2025/early January 2026, the external fire escape was removed from the old side of the home, which was accessible from the 2nd and 3rd floors of the old side of the home. At the time of inspection, the only exit route from the 2nd floor was the internal staircase. At the time of inspection, 8 residents resided on the 2nd floor of the old side of the home.

Plan of Correction ***Directed (- 05/27/2026)***

Per department mandate on 4/2/2026, administrator relocated the 8 residents that resided on the 2nd floor to the other side of the building for safety purposes. The 2nd floor was then locked off completely by contractors and by installing a makeshift door that accesses the 2nd floor and locking the elevator doors that was approved by onsite department inspectors. The 2nd floor capacity was decreased per department supervisors' recommendation so that the 2nd floor is no longer an active residential area per licensure. Therefore, there is no need to correct this part of the violation at this current time. Per the independent contractors , the estimated time of completion of the fire escape is set for 5/31/2026 and administrator will continue to keep the department updated on progress and potential changes in regard to the fire escape installation. Upon completion of the fire escape and the reinstated use of the 2nd floor, Staff was educated on the requirements of this violation under 2600.122 on 5/11 and 5/12/2026 by the administrator and designated person Documentation of this education will be kept on file in accordance with 2600.65.i. The fire escape was completed on 5/20/2026 and is to be inspected by a professional engineer employed by BIU on 5/21/2026 at 2pm in which upon completion of this inspection a PE stamp will be issued and also kept on file. (DIRECTED: Documentation of the PE stamp shall be kept. 5/27/26). Administrator was notified via email post inspection that the fire escape passed the inspection, and documentation will be obtained and kept on file once completed by BIU. BIU PE is to submit approval of the inspection to Sharpsburg Borough on 5/27/2026.

DIRECTED: Within 15 days of receipt of the plan of correction: The administrator will submit a new certificate of occupancy or written certification from the local building code official that a new one is not required to the Department in accordance with §2600.14(c). 5/27/26

DIRECTED: Beginning on 5/30/26: The administrator/designee shall inspect the home weekly to ensure there are at least 2 independent and accessible exits from every floor. 5/27/26

Proposed Overall Completion Date: 05/20/2026

Directed Completion Date: *06/11/2026*

Implemented (- 07/17/2026)

132d - Evacuation

12. Requirements

2600.

132d Evacuation *(continued)*

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

The home has no documentation from a fire safety expert within the past year indicating a maximum evacuation time to evacuate the entire building to a public thoroughfare or to a fire safe area that exceeds 2 minutes, 30 seconds. During the following fire drills, the evacuation time exceeded 2 minutes, 30 seconds:

- *12/15/25 at 3:15pm, which was conducted in 3 minutes, 7 seconds*
- *10/29/25 at 7:21am, which was conducted in 4 minutes, 19 seconds*
- *9/13/25 at 6:49am, which was conducted in 3 minutes, 34 seconds*
- *8/26/25 at 1:31pm, which was conducted in 3 minutes, 4 seconds*

Plan of Correction ***Directed (- 05/27/2026)***

On 4/20/2026, the annual fire inspection that was performed and instructed by Sharpsburg Borough fire safety expert by which includes a reevaluation of the evacuation time was completed, the new evacuation time is 4 minutes and 11 seconds. (DIRECTED: Documentation from the fire safety expert's visit on 4/20/26 shall be kept. 5/27/26). On the 2025 annual fire inspection, the fire safety expert only required an evacuation to the home's fire safe areas and when staff/administrator completed the monthly fire drills, residents were evacuated to the exterior of the building and not limited to only the interior fire safe areas deemed by the fire safety expert (as explained to onsite department inspectors. During the 4/20/2026 inspection/training, administrator specifically requested to the fire safety expert to deem the evacuation time to allow all residents within the home to evacuate the facility entirely. Moving forward, administrator and staff will continue to ensure that all residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area that is 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. Staff was reeducated on the requirements of this violation under 2600.132.d. at the department required training on 4/20/2026. Please see the attached updated documentation that is related to the requirements under 2600.132.d. Documentation of this education will be kept on file in accordance with 2600.65.i. as well as the documentation from the 4/20/2026 visit/training from the fire safety expert will be kept on file. The facility administrator (or designated person (the facilities emergency management coordinator, who is will review the fire drill logs monthly upon completion of that months fire drill to ensure compliance beginning 20 May 2026 and continuing thereafter.

Proposed Overall Completion Date: 05/20/2026

Directed Completion Date: *05/27/2026*

Implemented (- 07/17/2026)