

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

May 7, 2026

[REDACTED]
LGARPA CORP
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2026 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *04/08/2026*

Inspection Dates and Department Representative

04/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *40* Residents Served: *9*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire home* Capacity: *40* Residents Served: *9*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

04/07/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2026*

04/15/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/06/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2026*

Inspections / Reviews (*continued*)

04/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/11/2026

05/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/11/2026

05/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 7:00am, direct care staff person A discovered resident [redacted] in bed wearing 2 pull-ups which were both completely saturated in urine. Additionally, resident [redacted]'s incontinence bed pad, bed linens and mattress were also saturated in urine. Numerous staff persons indicated the home's procedures require incontinent care checks to be provided every 2 hours to any resident who requires incontinence care. According to staff person interviews, resident [redacted] was checked on by direct care staff at approximately 4:00am on 3/22/26; however, no incontinent care was provided to resident [redacted] at that time. Resident [redacted]'s assessment, dated [redacted], indicates resident [redacted] requires some physical assistance with toileting and bladder management.

Plan of Correction

Directed [redacted] - 04/15/2026

Immediate read and sign education is attached; it included continuous rounding averaging every 2 hours, and only 1 brief may be used on a resident.

All educational materials, QM reports, and signature sheets will be kept in the administration office file for a minimum of 3 years.

Shift-to-shift walking rounds will be completed at every shift change as each resident will be discussed while putting eyes on that resident. (DIRECTED: Beginning on 4/18/26: The shift supervisor/designee shall conduct rounds throughout the entire home at least 1 time per shift to ensure residents are free from abuse and neglect.

Documentation of the shift rounds shall be kept for 2 weeks. [redacted] 4/15/26).

Incontinent checks began 4/13/2026 and will include all residents on the unit.

The new orientation process (more inclusive education on abuse/neglect) began on 4/15/26.

DIRECTED: By 4/22/26: The administrator shall reeducate all current direct care staff persons on abuse and neglect, as well as ensuring resident assessments and support plans are reviewed by direct care staff persons to ensure proper care is provided to residents. The education shall also include the home's procedures for checking on residents who are incontinent at least every 2 hours and that only 1 brief or pull-up can be used on each resident at a time. Documentation of the staff education shall be kept in accordance with 2600.65i.

DIRECTED: By 5/11/26: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 4/15/26

Proposed Overall Completion Date: 05/18/2026

Directed Completion Date: 05/11/2026

Implemented [redacted] - 05/07/2026

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c Locking Poisonous Materials (continued)

Description of Violation

At 9:10am, the following materials, with manufacturer labels indicating to, "Immediately call a poison center/doctor if ingested" were unlocked, unattended and accessible to residents in the activity room near the nurses station:

- A gallon bottle of Bullseye degreaser cleaner concentrate
- A gallon bottle of Fresh Start concentrated malodor counteractant

The entire home is licensed as a secured dementia care unit (SDCU) and numerous residents, including resident [REDACTED] have not been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Directed [REDACTED] - 04/15/2026)

(1st plan of correction submitted by the provider on 4/15/26 [REDACTED] 4/15/26)

Poisonous materials were removed while surveyor was present. Chemicals were brought into the facility by an outside provider, who was informed that substances must be behind a locked door. The provider has completed the job and is no longer in the building.

PCHA provided education to all staff regarding what a poisonous substance is. All staff will sign off by 4/22/2026. PCHA did a walk through on 4/7/2026 and ensured all poisonous materials were locked up. Audits will be completed by PCHA or designee weekly for 4 weeks, then monthly for 5 months. Data will be discussed during QM meeting on 5/11/2026.

(2nd plan of correction submitted by the provider on 4/15/26 [REDACTED] 4/15/26)

All staff education, QM data, and signature sheets will be kept in administration office for a minimum of 3 years. Audits began on 4/13/26 and will continue for six months.

Proposed Overall Completion Date: 05/18/2026

Directed Completion Date: 05/11/2026

Implemented [REDACTED] - 05/07/2026)