

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

June 17, 2026

[REDACTED] SECRETARY/TREASURER  
HERMITAGE AL, LLC  
[REDACTED]

RE: THE ADDISON OF GARDEN WAY  
PLACE  
2400 GARDEN WAY  
HERMITAGE, PA, 16148  
LICENSE/COC#: 45497

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2026 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: THE ADDISON OF GARDEN WAY PLACE License #: 45497 License Expiration: 04/30/2026  
 Address: 2400 GARDEN WAY, HERMITAGE, PA 16148  
 County: MERCER Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: HERMITAGE AL, LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 03/06/1998 Issued By: City of Hermitage

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/08/2026

**Inspection Dates and Department Representative**

04/08/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 47 Residents Served: 33  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 12 Have Physical Disability: 0

**Inspections / Reviews**

04/08/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2026

05/18/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/02/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2026

Inspections / Reviews *(continued)*

05/28/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/04/2026

06/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/8/26. at 10:14 am., there was a 1/8 full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept ( ) - 05/18/2026

- The trash receptacle in the Kitchen with no lid was removed on 4/15/26 by the executive director/designee.
- Training was held on 4/15/26 by the executive director/designee with dining staff and dining director.
- Kitchen staff will audit trash receptacle to ensure a lid is present weekly for 1 month then monthly for 2 months, audit will start 5/11/26. The results of the audit will be reported to Executive Director.

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

Implemented ( ) - 06/17/2026

129a - Fireplace Screens

2. Requirements

2600.

129.a. A fireplace must be securely screened or equipped with protective guards while in use.

Description of Violation

Throughout the day on 4/8/26, the fireplace in the main sitting area was in use. During this time, the temperature of the glass on the front of the fireplace was 180.1 degrees Fahrenheit. The fireplace enclosure did not prevent access to the front fireplace glass.

Plan of Correction

Accept ( ) - 05/28/2026

- The fireplace was shut off on 4/9/26 by maintenance director and will not be turned back on until proven safe by local Fire specialist in relation to regulation R2600.129a.
  - A new attachable fire screen/spark arrester was purchased and will be delivered and installed on 5/7/26. The executive director/ or designee educated the maintenance director on 5/4/26 on Regulation R2600.129a. (see attached picture)
- The local Fire specialist was contacted and was in to inspect the fireplace/attachable protective screen when it was installed. Date 5/7/26 (see attachment of letter)
- The Maintenance director/ or designee will audit the protective screen Monthly to ensure it is firmly attached and that the surface area does not exceed 120 degrees per Regulation R2600.129a. all findings to be reported to Executive director.
  - The audit will be reviewed & discussed by the Executive Director at the quarterly Quality Assurance Review with current directors present.

Licensee's Proposed Overall Completion Date: 05/22/2026

129a Fireplace Screens (*continued*)

Implemented (█) - 06/17/2026)

## 132e Fire Drill Sleeping Hours

**3. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation***The last fire drill conducted during sleeping hours was on 6/25/25, at 11:15 pm.***Plan of Correction**

Accept (█) - 05/18/2026)

- A sleep time fire drill was held on 4/17/26 by the maintenance director, drill time was 4:22am, length of time was 6:17.32.
- The Executive Director and/or Designee trained/ educated the Maintenance director on 5/4/26 on holding a sleep time drill once every 6 months.
- The maintenance director will audit monthly to ensure that a sleep time drill is completed once every 6 months, starting on 6/1/26. Per regulation R2600.132a.
- The audit will be reviewed & discussed by the Executive Director at the quarterly Quality Assurance Review with current directors present.

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

Implemented (█) - 06/17/2026)

## 227d Support Plan Medical/Dental

**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation***Resident#2's support plan, dated █ did not document the contact information for psychiatric services received by the resident.***Plan of Correction**

Accept (█) - 05/18/2026)

- Resident #2's support plan was reviewed and updated by HWD to include the contact information for the resident's psychiatric service provider.
- The Executive director/designee held Training on regulation 227.d with HWD included identifying required services, documenting, and updating records with changes. Completed on 04/29/26
- The HWD/Designee will conduct a comprehensive audit of current resident support plans to ensure that required medical, mental health, and behavioral service providers are documented with complete contact information. Audits will be conducted on five resident support plans weekly for four weeks, followed by bi-weekly audits for four weeks, and then monthly for one month, beginning 05/11/26.
- The audit will be discussed by the Executive Director at the quarterly Quality Assurance Review with current directors present.

227d Support Plan Medical/Dental (continued)

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

Implemented ( [REDACTED] - 06/17/2026)