

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

May 18, 2026

[REDACTED]
GRACEFUL CARE LIVING SOUTH, LLC
[REDACTED]
[REDACTED]

RE: OASIS AT ELIZABETH
145 BROADLAWN DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 45628

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2026 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: OASIS AT ELIZABETH License #: 45628 License Expiration: 07/14/2026
 Address: 145 BROADLAWN DRIVE, ELIZABETH, PA 15037
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRACEFUL CARE LIVING SOUTH, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 04/16/2026

Inspection Dates and Department Representative

04/16/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 91 Residents Served: 21
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 8
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 21
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 8 Have Physical Disability: 1

Inspections / Reviews

04/16/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/02/2026

05/04/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/13/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2026

Inspections / Reviews (*continued*)

05/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/13/2026

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 7:00 a.m. staff person B notified staff person A (the home’s administrator) that resident [REDACTED] was found on the floor and the resident laid on the floor for ten hours. As of [REDACTED] the allegation of abuse was not reported to the Department.

Plan of Correction

Accept ([REDACTED] - 05/07/2026)

1) The residence has revised its Incident Reporting Policy on 04/24/2026 to clearly require that all allegations or suspicions of abuse be reported immediately to the Department, regardless of internal investigation status. A standardized incident reporting checklist has been implemented to guide staff through required reporting steps, including mandated reporting timelines.

2) All staff, including administrative and direct care staff, will receive mandatory retraining on abuse recognition, reporting requirements, timelines, and procedures. Training will be completed within 30 days and documented in employee records. New hires will receive this training during orientation by 04/24/2026

3) The Administrator or designee will conduct weekly audits of all incident reports for a period of 3 months and ongoing to ensure compliance. Any discrepancies will result in immediate corrective action and retraining starting 04/24/2026.

4) 7) On 04/30/2026 compliance with abuse reporting and written incident report will be reviewed during monthly quality management meeting.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented ([REDACTED] - 05/18/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person B was hired on [REDACTED] however, as of [REDACTED], there was no Pennsylvania criminal background check completed for staff person B.

Plan of Correction

Accept ([REDACTED] 05/07/2026)

1) The administrator or designee reviewed all employee files by 04/16/2026 and obtained background checks and record of control for all employees and placed in employee files including direct care staff person B. Any employee without required clearances was given a 30 day allowance for review of control to come in the mail.

2) The facility has implemented a hiring requirement that all criminal background checks be complete prior to employment starting 04/17/2026. The facility will allow up to 30 days of employment pending background check per

51 Criminal Background Check (continued)

regulation. The administrator or designee will tell new employees that their background check is pending and employment is pending a background check clearance.

3) The CEO will re train the administrator on criminal history check requirements and documentation procedures for chapter 2600 regulation 51 by 04/16/2026.

4) The administrator or designee will conduct an audit starting with 3 background checks weekly for month 1, 2 background checks weekly for month 2, and 1 background check weekly for month 3 of all employees starting on 04/242026 to verify all required clearances are present and up to date.

5) 7) On 04/30/2026 compliance with employee backgrounds will be reviewed during monthly quality management meeting and kept in the administrators office.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [redacted] 05/18/2026)

141a 1-10 Medical Evaluation Information

3. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted], medical evaluation dated [redacted], was incomplete. The following medical information was blank:

#4: Poisonous materials and if the resident can or cannot safely use poisonous materials

#5: Advanced directives Full code or do not resuscitate (DNR)

#6: Special health of Dietary needs

#10: Body positioning/movement Level of assistance for ambulation and transfers

#12: Cognitive functioning

I am a physician, physician assistant, or certified registered nurse practitioner whose license to practice is in good standing.

The information on the form, the addendum sheet, and any attached list of medications was generated based on my evaluation.

The above named resident requires assistance or supervision with Activities of Daily Living, Instrumental Activities of Daily Living or both as defined by 55 Pa. Code Chapter 2600.

If the resident's needs can or cannot be met safely at the personal care home facility.

Resident [redacted]s initial medical evaluation, dated [redacted], did not have box #5 for Advanced directives Full code or do

141a 1 10 Medical Evaluation Information (continued)

not resuscitate (DNR) checked.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/07/2026)

- 1) Resident [REDACTED] medical evaluation was completed with all missing information on 04/17/2026 by the nurse practitioner from PCMA
- 2) The lead med tech or designee will ensure that all residents have a medical evaluation completed prior to admission and all required sections fill out as required by regulation starting on previous inspection on 02/18/2026. The lead med tech or designee will audit medical evaluations quarterly and ongoing starting on or before 03/31/2026 by previous inspection. All current resident records shall be included in each quarterly audit.
- 3) A medical evaluation tracking log has been implemented by the lead med tech or designee to monitor for each resident starting on 03/03/2026. by previous inspection..
- 4) The Administrator or designee will audit 3 DME's weekly for month one, 2 DME's weekly for month two, and 1 DME weekly for month three. Any missing or outdated evaluations will be addressed immediately with the residents physician or PCMA nurse practitioner starting on 03/03/2026 by previous inspection.
- 5) The home shall implement a new admission checklist to ensure timely and complete medical evaluations are completed by the administrator or designee on or before 03/31/2026 by previous inspection. The checklist will be kept in the administrator office to ensure compliance with regulation chapter 2600 regulation 141a 1 10. Copies of the completed new admission checklists shall be kept in each newly admitted resident's record.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [REDACTED] - 05/18/2026)

224a - Preadmission Screen Form

4. Requirements

- 2600.
- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/07/2026)

- 1) On or before 04/30/2026 any resident identified as missing a determination that needs can be met by the service provider has now been completed by administrator or designee including resident [REDACTED].
- 2) Starting on 02/18/2026 by previous inspection the administrator or designee will ensure that a pre admission screening form is completed prior to admission for all new residents. The administrator or designee will complete a audit weekly of all pre screens to ensure compliance with regulation 224a chapter 2600.
- 3) Starting on previous inspection on 02/18/2026 no resident will be admitted without a completed and reviewed screening form.
- 4) The CEO has re trained the administrator or designee on the requirement or chapter 2600 regulation 224a on 04/24/2026.
- 5) Starting on 02/20/2026 by previous inspection a preadmission checklist has been implemented by administrator

224a - Preadmission Screen Form (continued)

or designee that

includes the screening form as a required document prior to admission by the administrator or designee.

6) The administrator or designee will audit 3 prescreens weekly for month one, 2 prescreen weekly for month 2, and 1 prescreen weekly for month three then quarterly after. Any missing or incomplete documentation will be addressed immediately starting 03/03/2026 by previous inspection.

7) Pre-admission compliance will be reviewed during monthly quality management meetings starting on 04/30/2026. Documentation of the quality management review shall be kept in administrators office.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [REDACTED] - 05/18/2026)

225c - Additional Assessment**5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] had a [REDACTED] surgical procedure on [REDACTED]. On [REDACTED] the resident was sent to the emergency room with left forearm pain and swelling, which was positive for [REDACTED] in the [REDACTED] and [REDACTED] was transitioned to [REDACTED] and instructed to stop aspirin. On [REDACTED] the resident was assessed by staff person E, the homes nurse practitioner, reported the resident had poor mobility and fatigue, ongoing nausea since [REDACTED] hospitalizations, that the resident still feels too tired and weak to come out of [REDACTED] room, and is still quite depressed. None of these significant changes were updated and placed on the resident's assessment and support plan.

Plan of Correction

Accept [REDACTED] 05/07/2026)

- 1) By 04/24/2026 any additional assessments addendums missing required information were reviewed and updated by administrator or designee including resident [REDACTED]
- 2) The CEO has re-educated the administrator or designee on requirements for documenting additional assessments addendums by 04/30/2026.
- 3) By 04/24/2026 a checklist for assessment completion has been implemented to verify that all resident health changes have been added by the administrator or designee.
- 6) The administrator or designee will audit 3 assessments weekly month one, 2 assessment weekly month two, and 1 assessment weekly month three then repeat every quarter. Any missing documentation will be corrected immediately. The process has already started from previous inspection and this will be ongoing quarterly.
- 7) On 04/30/2026 compliance with additional assessments and significant health changes to a resident will be reviewed during monthly quality management meeting.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [REDACTED] - 05/18/2026)

227d - Support Plan Medical/Dental

6. 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 [redacted] assessment and support plan dated [redacted], did not indicate any behavioral or cognitive needs and degree assessments. All of these boxes were blank.

Plan of Correction

Accept [redacted] - 05/07/2026)

- 1) By 04/24/2026 any support plans missing any behavioral or cognitive needs were reviewed and updated by administrator or designee including resident [redacted]
- 2) The CEO has re-educated the administrator or designee on requirements for documenting all sections of the support plan and put N/A instead of leaving it blank by 04/30/2026.
- 3) By 04/24/2026 a checklist for support plan completion has been implemented to verify that blanks have been reviewed by the administrator or designee.
- 6) The administrator or designee will audit 3 support plans weekly month one, 2 support plans weekly month two, and 1 support plan weekly month three then repeat every quarter. Any missing documentation will be corrected immediately already started from previous inspection and this will be ongoing quarterly.
- 7) On 04/30/2026 compliance with support plan signatures and refusal documentation will be reviewed during monthly quality management meeting.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [redacted] - 05/18/2026)

227h - Support Plan Refuse Sign

7. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted], was not signed by the assessor staff person F, the homes former administrator.

REPEAT VIOLATION [redacted]

Plan of Correction

Accept [redacted] - 05/07/2026)

- 1) By 04/17/2026 any support plans missing required signatures or documentation of refusal have now been updated by administrator or designee including resident [redacted].
- 2) By 04/24/2026 for residents who refused to sign the box refused to sign has been checked on the support plan or have signed the actual support plan per regulation 227h chapter 2600 by administrator or designee.
- 3) The CEO has re-educated the administrator or designee on requirements for documenting refusals by regulation 227h chapter 2600 by 04/30/2026
- 5) By 04/24/2026 a checklist for support plan completion has been implemented to verify that signatures or documented refusals are present by the administrator or designee.

227h - Support Plan Refuse Sign (continued)

6) *The administrator or designee will audit 3 support plans weekly month one, 2 support plans weekly month two, and 1 support plan weekly month three then repeat every quarter. Any missing documentation will be corrected immediately already started from previous inspection and this will be ongoing.*

7) *On 04/30/2026 compliance with support plan signatures and refusal documentation will be reviewed during monthly quality management meeting.*

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented 05/18/2026)