pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **POINT HILL LIVING LLC**
LEGAL ENTITY

To operate **POINT HILL LIVING**
NAME OF FACILITY OR AGENCY

Located at **300 UNION STREET, POINT MARION, PA 15474**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **9**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 23,** **2026** until **June 23,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457600**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: June 23, 2026

[redacted]
Point Hill Living LLC
300 Union Street
Point Marion, Pennsylvania 15474

RE: Point Hill Living
License #: 457600

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 22, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *POINT HILL LIVING* **License #:** *457600* **License Expiration:**

Address: *300 Union Hill Street, Point Marion, PA 15474*

County: *FAYETTE* **Region:** *WESTERN*

Administrator

Name [redacted]

Legal Entity

Name: *Point Hill Living LLC*

Address: *300 Union Street, Point Marion, PA, 15474*

Phone [redacted]

Certificate(s) of Occupancy

Type: *R-4* **Date:** *06/18/2024* **Issued By:** *McMillen Engineering*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Announced* **BHA Docket #:**

Reason: *New* **Exit Conference Date:** *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

Inspections / Reviews

04/22/2026 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/29/2026*

Inspections / Reviews *(continued)*

05/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/05/2026*

06/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/29/2026*

06/18/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of Pennsylvania Code Title 55. Public Welfare, Chapter 2600, Personal Care Homes, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed [redacted] 06/10/2026)***

On 05/20/2026 Administrator [redacted] reviewed Chapter 2600 posting requirements and verified that the current inspection summary and Chapter 2600 regulations were posted in the front entrance by the sign in sheet for visitors, staff, and residents. A monthly compliance monitoring checklist has been implements to ensure all required postings remain current, visible, and accessible to residents, staff and visitors. The Administrator will conduct and document monthly audits of required posting and immediately replace any missing, damaged, or outdated documents. Staff responsible for duties will receive ongoing education regarding posting requirements during orientation and annual trainings.

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. [redacted] 6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with 2600.3c. Documentation of the education will be completed in accordance with 2600.65i. [redacted] 6.10.26

Directed Completion Date: *06/25/2026*

Implemented [redacted] 06/16/2026)

18 - Compliance With Laws

2. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/16, requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors. However, the date of the battery installation was not present on the battery-operated carbon monoxide detector located on the wall next to the kitchen.

Plan of Correction ***Directed [redacted] 06/10/2026)***

On 05/20/2026, the Administrator [redacted] replaced batteries and dated them for 05/20/2026. [redacted] reviewed applicable health and safety requirements regarding carbon monoxide detectors and battery-operated safety devices. Education was completed regarding the requirement to document battery installation dates on all battery operated carbon monoxide detectors. A monitoring system has been implemented requiring monthly inspections of all carbon monoxide detectors to verify operability, battery condition, and the presence of installation dates. Findings will be documented on a maintenance and safety checklist, and batteries will be replaced as

18 - Compliance With Laws (continued)

needed. Annual review of detector maintenance procedures will be conducted to ensure continued compliance with applicable laws and regulations.

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. LS 6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with Care Facility Carbon Monoxide Alarms Standards Act. Documentation of the education will be completed in accordance with 2600.65i. LS 6.10.26

Directed Completion Date: *06/25/2026*

Implemented ([redacted] - 06/16/2026)

41c - Rights Poster

3. Requirements

2600.
41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster was not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed [redacted] - 06/10/2026)***

On 04/22/2026, Administrator [redacted] reviewed the regulatory requirements regarding the posting of the Departments Resident Rights Poster. The poster was posted in the break room, it is now visible in the dining room for all residents, staff, and visitors to view. Education was completed regarding required postings and the importance of maintaining all residents rights information in a conspicuous and public location. A monthly environmental compliance audit has been implemented to verify that all required postings , including the Resident Rights Poster, remain current, visible, and accessible. Any missing, damaged, or removed postings will be immediately replaced and documented. Compliance with posting requirements will be reviewed annually and during routine facility inspections

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. [redacted] 6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with 2600.41c. Documentation of the education will be completed in accordance with 2600.65i. [redacted] 6.10.26

Directed Completion Date: *06/25/2026*

Implemented ([redacted] - 06/16/2026)

91 - Telephone Numbers

4. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The emergency telephone numbers posted by the phone near the television in the living room did not include the telephone number for the personal care home complaint hotline.

Plan of Correction ***Directed [redacted] - 06/10/2026)***

On 04/22/2026 [redacted] added the personal care home hotline phone number to all phone systems. Emergency telephone numbers, including the personal care home hotline, were reviewed, updated, and posted by all telephones with outside lines. All phones are on the same line, with same phone number. There is a phone in the living room, break room, and office. All of which has updated phone number lists beside each one. Staff were educated on the requirements to maintain current emergency contact information and to notify administrator immediately of any changes. The administrator [redacted] will monitor quarterly to ensure all required telephone numbers remain posted and current. Any missing or outdated telephone numbers will be corrected immediately, and documentation of monitoring activities will be maintained by [redacted]

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. [redacted]6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with 2600.91. Documentation of the education will be completed in accordance with 2600.65i. [redacted]6.10.26

Directed Completion Date: *06/25/2026*

Implemented [redacted] - 06/16/2026)

96a - First Aid Kit

5. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the break room does not include the following items:
-nonporous disposable gloves
-breathing shield
-eye coverings
-tweezers

Plan of Correction ***Directed [redacted]06/10/2026)***

On 04/22/2026 the missing first aid kit items (nonporous disposable gloves, breathing shield, eye coverings, and

96a - First Aid Kit (continued)

tweezers) were added to the first aid kit by [redacted] Staff were educated on the regulatory requirements for maintaining a complete first aid kit and instructed to immediately report any missing or depleted supplies. The administrator , [redacted] will conduct routine monthly inspections to ensure all required first aid supplies remain stocked and readily available. Any missing or expired items will be replaced immediately. Documentation of inspections and corrective actions will be maintained by [redacted]

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. [redacted] 6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with 2600.96a Documentation of the education will be completed in accordance with 2600.65i. [redacted] 6.10.26

Directed Completion Date: *06/25/2026*

Implemented [redacted] 06/16/2026)

123b - Emergency Procedures Posted

6. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The emergency procedures for the home and the municipality in which the home is located were not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed ([redacted] 06/10/2026)***

Emergency procedures were posted on the bulletin board in the employee break room before inspection. When updated on 04/22/2026, by [redacted] Administrator, the Emergency procedures were placed on the bulletin board located now in the dining room for staff, visitors, and residents to see. Staff were educated on the location of the emergency procedures and the regulatory requirement to keep emergency preparedness information posted and readily accessible at all times. The administrator [redacted] will routinely monitor postings monthly to ensure they remain current, visible, and intact. Any missing, damaged, or outdated postings will be replaced immediately. Documentation of monitoring activities and corrective actions will be maintained by [redacted] Administrator

Proposed Overall Completion Date: 06/01/2026

DIRECTED: Within 24 hours of receipt of the plan of correction- The administrator will begin conducting and documentation of monthly audits. [redacted] 6.10.26

DIRECTED: Within 15 days of receipt of the plan of correction- All staff will be educated regarding maintaining compliance with 2600.123b. Documentation of the education will be completed in accordance with 2600.65i. [redacted] 6.10.26

Directed Completion Date: *06/25/2026*

123b – Emergency Procedures Posted *(continued)*

Implemented [redacted] - 06/16/2026)