

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

September 3, 2026

[REDACTED]
GRAYSFUL LIVING LLC
[REDACTED]

RE: GRAYSFUL LIVING LLC
45 SOUTH MT. VERNON AVE.
UNIONTOWN, PA, 15401
LICENSE/COC#: 45642

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2026 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: GRAYSFUL LIVING LLC

License #: 45642

License Expiration: 04/22/2026

Address: 45 SOUTH MT. VERNON AVE., UNIONTOWN, PA 15401

County: FAYETTE

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: GRAYSFUL LIVING LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other

Date: 09/23/1983

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 2

Total Daily Staff: 21

Waking Staff: 16

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 05/18/2026

Inspection Dates and Department Representative

05/18/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 29

Residents Served: 17

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 16

Are 60 Years of Age or Older: 9

Diagnosed with Mental Illness: 14

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 2

Have Physical Disability: 1

Inspections / Reviews

05/18/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/22/2026

07/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/20/2026

Inspections / Reviews (*continued*)

07/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/22/2026

09/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

123d - Mobility Needs**1. Requirements**

2600.

123.d. If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Description of Violation

Prior to [REDACTED] resident [REDACTED], identified as immobile, resided on the 3rd floor (above grade level) and the home did not have a designated fire safe area as specified in writing by a fire safety expert.

Plan of Correction**Accepted [REDACTED] - 07/16/2026)**

Resident [REDACTED] experienced a rapid decline in health following a cancer diagnosis the facility had initiated plans to relocate the resident to the first floor of another facility to better accommodate [REDACTED] mobility needs however the residents condition deteriorated more quickly than anticipated and [REDACTED] passed away before the transfer could be completed. Going forward, the administrator will immediately evaluate any resident experiencing a significant decline in mobility to determine whether relocation to an appropriate room or facility is necessary. This review will occur immediately upon identification of a change in condition, and will be documented in the residence record to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/16/2026

Implemented [REDACTED] - 09/03/2026)**252 - Record Content****2. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

On [REDACTED] at approximately 11:05 a.m., the resident record for resident [REDACTED], did not include a copy of the official death certificate for the resident who passed away on the residents date of death.

Plan of Correction**Accepted [REDACTED] - 07/16/2026)**

Upon identification of the deficiency, the administrator contacted the funeral home listed by hospice records to obtain the official death record. After putting a request in with the first funeral home and not receiving anything after about a week administrator called the funeral home again. It was determined that another funeral home had ultimately handled the residence arrangements. The appropriate funeral home was contacted in a request was made for a copy of the official death certificate. The Home has not received the death certificate yet, but once we do receive it, it will be placing the residence record immediately upon receipt. Going forward, the administrator will verify which funeral home handled residence, final arrangements and obtain and maintain a copy of the official death certificate, and the residence record as soon as it becomes available.

Per our conversation: I just called the funeral home and they stated they would mail the certificate today. Expected to receive the death certificate by Wednesday July 22, 2026.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented [REDACTED] - 09/03/2026)

252 - Record Content (*continued*)