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

August 4, 2026

[redacted], ADMINISTRATOR/CEO
GRANDVIEW ESTATES MEMORY CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037

RE: GRANDVIEW ESTATES MEMORY CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 44992

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2026, 06/09/2026 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: *GRANDVIEW ESTATES MEMORY CARE LLC* **License #**: *44992* **License Expiration**: *08/29/2026*

Address: *1151 SCENERY DRIVE, ELIZABETH, PA 15037*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GRANDVIEW ESTATES MEMORY CARE LLC*

Address: *1151 SCENERY DRIVE, ELIZABETH, PA, 15037*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/07/1994* **Issued By**: *Labor and Industry*

Type: *I-1* **Date**: *05/30/2019* **Issued By**: *Elizabeth Township*

Staffing Hours

Resident Support Staff: *34* **Total Daily Staff**: *88* **Waking Staff**: *66*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *06/09/2026*

Inspection Dates and Department Representative

05/21/2026 - On-Site: [redacted]

06/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *First Floor* **Capacity**: *26* **Residents Served**: *15*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *34*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

05/21/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2026*

Inspections / Reviews *(continued)*

07/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/20/2026*

07/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/29/2026*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

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] near the home's dining room, resident #1 lunged towards resident #5 and grabbed both of resident #5's shoulders, then grabbed resident #5's lower neck with [redacted] right hand, causing red marks to the lower neck area of resident #5.

Plan of Correction ***Directed ([redacted] - 07/22/2026)***

This incident was reported to APS , DHS , and family on 5/25/26. Resident #1 was sent to hospital to check for medical condition. Resident #1 was sent back next day with antibiotics to treat the medical condition that caused the aggression. Aggression is a common side effect of this medical condition and generally resolves itself once antibiotic is provided. Resident #1 was put on 15 minute checks for two weeks to ensure there would be no other occurrences. Resident 5 had no injuries and red marked disappeared after a few minutes. There has not been another occurrence . Resident 1 will be observed for any other symptoms of this medical condition . Rasp updated on 5/27/2026 by Training Manager to observe for signs of aggression or symptoms of medical condition. Staff will redirect behavior as needed or use medication as directed . Temperature is taken daily for signs of infection. Resident has had a few occasions of sadness and assertiveness due to [redacted] dementia since [redacted] admission which was usually fixed by redirection or medication to be used as directed. . Staff educated on 5/27/26 regarding older abuse act along with dementia Inservice . Continuing educationt o be given to staff on demential behaviors including a scheduled a validation therapy training on 7/29/26, (DIRECTED: Documentation of the staff education shall be kept. [redacted] 7/22/26). hourly checks are done to ensure well being of residents which was started on 5/28/26. Activities are being done by activity staff/direct care staff between 230 p and 4 pm during prime sundowning hours starting 5/28/26. Results to be reviewed on going during staff meetings by administrator and review at quality management meeting on 7/24/26. Documentation of the quality management review will be kept.

Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/29/2026*

Implemented ([redacted] - 08/04/2026)

65g - Annual Training Content

2. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A, hired on [redacted] did not receive orientation on the following topics during the 2025 training year:

- *Fire Safety training completed by a fire safety expert or by a staff person trained by a fire safety expert*

65g - Annual Training Content (continued)

- *Emergency preparedness procedures and recognition and response to crises and emergency situations*
- *Resident Rights*
- *The Older Adult Protective Services Act*
- *Falls and accident prevention*

Plan of Correction ***Directed (- 07/22/2026)***

Administrator started these training in 2026. 2026 Training schedule attached. Ancillary staff has been trained up to date as of 6/29/2026 on all trainings cited above. . Audit will be done quarterly by human resources representative/ Administrator for current trainings on all staff including ancilliary. (DIRECTED: The quarterly audits shall begin on 7/29/26 to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive training on all topics specified in 2600.65g during each training year. 7/22/26). Results to be reviewed on management meeting on 7/24/26 and annually documentation shall be kept of meeting.

DIRECTED: By 7/29/26: The administrator shall ensure staff person A has received training on all topics specified in 2600.65g. Documentation of the staff education shall be kept in accordance with 2600.65i. 7/22/26
Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/29/2026*

Implemented (- 08/04/2026)

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/21/26 at 11:35am, the hot water temperature at the sink in bedroom 118-N was 134.8 degrees Fahrenheit.

On 5/21/26 at 11:49am, the hot water temperature at the sink in bedroom 107-S was 136.2 degrees Fahrenheit.

Plan of Correction ***Accept (- 07/22/2026)***

Hot water tank temperature was adjusted on 5/21/2026 . Temp was 118 when tested. Temperature will be tested weekly in all rooms by maintenance department to ensure compliance starting on 7/13/26. Results to be reviewed at quality management meeting on 7/24/26 . Documentation of meeting to be kept.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented (- 08/04/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

101j7 - Lighting/Operable Lamp *(continued)*

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 5/21/26 at approximately 11:50am, resident #1 did not have an operable lamp or other source of lighting present within reach of resident #1's bed.

Repeated Violation-6/10/2025, et. al.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Light bulb was changed on 5/21/26. 6 Lamps will be tested weekly starting on 7/13/26 by maintenance dept. Staff educated 6/30/26 during staff meeting by Administrator regarding this regulation . documentation of this education will be kept. Results to be reviewed during management meeting on 7/24/26 and annually

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented ([redacted] - 08/04/2026)

184a - Resident's Meds Labeled

5. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 is currently prescribed Baclofen 10mg tablet-Take 1/2 tablet (5mg) by mouth daily; however, resident #3's pharmacy label does not include the instructions to take a 1/2 tablet.

Plan of Correction ***Directed ([redacted] - 07/22/2026)***

Training Manager called pharmacy on 5/21/2026 regarding label err. [redacted] pharmacy fixed on 5/22/24. A directions change sticker was added by the med tech on 5/21/26. Med Tech staff educated on 5/27/26 regarding this regulation by Administrator. (DIRECTED: Documentation of the staff education shall be kept. [redacted] 7/22/26). All residents mars are being audited by Supervisor /Manager monthly to ensure compliance starting 6/1/26. These audits to be reviewed by Administrator at management meeting annually starting on 7/24/26

DIRECTED: Beginning on 7/27/26: The administrator/designee shall review the medications for at least 6 different residents monthly to ensure accurate and complete pharmacy labels are present in accordance with 2600.184a. [redacted] 7/22/26

Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/27/2026*

184a Resident's Meds Labeled *(continued)*

Implemented (- 08/04/2026)

224a Preadmission Screen Form

6. 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 #4 was admitted to the home on ; however, resident #4's preadmission screening form does not include the following information, as these areas of resident #4's preadmission screening are blank:

- *The date resident #4's preadmission screening was completed*
- *Resident #4's mobility needs*
- *If resident #4 can safely use and avoid poisonous materials*

Plan of Correction ***Directed (- 07/22/2026)***

Resident 4 preadmission screening was updated on 7/10/26 by Administrator to reflect correct date of assessement mobility needs and safely use of poisonous material . Preadmission screening audits were done on 7/10/2026 by Administrator on all new admits to ensure compliance. A new admission checklist will be utilized to ensure accurate and complete preadmission screening that has date of assessment, mobility needs and safety use of poisonous material. (DIRECTED: The new admission checklist shall be implemented by 7/27/26. Copies of the completed new admission checklists shall be kept in each resident's record. 7/22/26). Result to be review on 7/24/26 at quality management

Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/27/2026*

Implemented (- 08/04/2026)

225a Assessment 15 Days

7. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's assessment, dated does not include the diagnosis of Hyperlipidemia as indicated on resident #2's medical evaluation, dated .

225a - Assessment 15 Days *(continued)*

Plan of Correction ***Directed (- 07/22/2026)***

Administrator added missing diagnosis on 7/10/26 to rasp for resident #2. All diagnosis on dme dated for the same date shall be on rasp. New admission checklist will be done by Administrator/manager to ensure all diagnosis on DME are on rasp prior to admission. First checklist done on 7/10/26. Managers educated on 5/27/25 regarding complete and accurate assessements. (DIRECTED: Documentation of the staff education shall be kept. 7/22/26)

Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/27/2026*

Implemented (- 08/04/2026)

231c - Preadmission Screening

8. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the secured dementia care unit (SDCU) on however, resident #2's cognitive preadmission screening does not include the date it was completed or the name and signature of the staff person that completed the screening.

Plan of Correction ***Directed (- 07/22/2026)***

Resident 4 cognitive preadmission screening was updated on 7/10/26 by Administrator to reflect correct date of assessment Preadmission screening audits were done on 7/10/2026 by Administrator on all new admits to ensure compliance. A new admission checklist will be utilized to ensure accurate and complete preadmission screening that has date of cognitive preadmission screening to be done by Administrator/Managers prior to admission. (DIRECTED: The new admission checklist shall be implemented by 7/27/26. Copies of the completed new admission checklists shall be kept in each resident's record. 7/22/26). Result to be review on 7/24/26 at quality management . Documentation to be kept.

DIRECTED: By 7/27/26: The administrator shall review and update resident #2's cognitive preadmission screening to include the date and the signature of the person who completed the form. Resident #2's updated cognitive preadmission screening shall be kept in resident #2's record. 7/22/26

Proposed Overall Completion Date: 07/27/2026

Directed Completion Date: *07/27/2026*

Implemented (- 08/04/2026)

233a - Lock Approval

9. Requirements

2600.

233a Lock Approval *(continued)*

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home currently does not have written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use for the home's locking system, located in the SDCU. The home is currently licensed for a 26 bed SDCU.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Elizabeth Code Enforcement was contacted on 5/21/26 and inspected locking device on 6/11/26. . A letter was obtained and attached on 7/9/26. The letter will be kept with DHS handbook materials of annually requested information.

Licensee's Proposed Overall Completion Date: *07/21/2026*

Implemented ([redacted] - 08/04/2026)