

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

September 4, 2026

[REDACTED], MANAGER
HOME 2 ME, LLC
[REDACTED]
[REDACTED]

RE: HOME 2 ME
600 SLIPPERY ROCK ROAD
SLIPPERY ROCK, PA, 16057
LICENSE/COC#: 45662

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2026 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: HOME 2 ME License #: 45662 License Expiration: 04/09/2027
Address: 600 SLIPPERY ROCK ROAD, SLIPPERY ROCK, PA 16057
County: BUTLER Region: WESTERN

Administrator

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

Legal Entity

Name: HOME 2 ME, LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/16/2024 Issued By: Slippery Rock

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/14/2026

Inspection Dates and Department Representative

07/14/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 22 Residents Served: 12

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

07/14/2026 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2026

08/13/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2026

Inspections / Reviews (*continued*)

08/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/04/2026

09/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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

A Federal Bureau of Investigation background check was not completed for direct care staff person A who was hired on

Plan of Correction

Accept () - 08/14/2026)

Direct Care Staff Person A's completed background check is attached. FBI background check is scheduled for , which was the earliest available appointment. Confirmation of the scheduled FBI appointment is also attached.

Upon receipt, the completed FBI clearance will be placed in Staff Person A's personnel file.

Going forward, management will verify that all required criminal history clearances, including FBI clearances when applicable, are completed and maintained in each employee's personnel file in accordance with regulatory requirements.

As a long-term corrective action, the Administrator will complete an audit of 100% of all current staff personnel files monthly to verify that all required criminal history clearances, including FBI clearances when applicable, are completed and maintained in each employee's personnel file. Any deficiencies identified during the audit will be corrected immediately.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented () - 09/04/2026)

54a - Direct Care Staff

2. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A did not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. Direct care staff person A has provided unsupervised ADL services to residents since September 2025.

Plan of Correction

Accept () - 08/13/2026)

Direct Care Staff Person A's personnel file was reviewed, and the required documentation of a high school diploma or GED will was obtained and placed in the employee's personnel file.

The Administrator will review all current direct care staff personnel files to verify compliance with §2600.54(a)(2). Going forward, required education or registry documentation will be obtained and verified prior to any direct care staff person providing unsupervised ADL services.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented () - 09/04/2026)

54a - Direct Care Staff (continued)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a supervised fire drill observed by a fire safety expert within the past year.

Plan of Correction

Accept () - 08/14/2026)

The required annual fire drill was conducted and observed by the Fire Chief, who signed the documentation verifying participation. A copy of the signed documentation is attached.

Going forward, the Administrator will ensure that a fire safety inspection and supervised fire drill are completed annually by a qualified fire safety expert. Documentation will be maintained at the home and reviewed annually to ensure continued compliance.

To ensure continued compliance, the Administrator will add the annual fire safety inspection and supervised fire drill to the home's annual compliance tracking calendar, including the date completed and the next due date. The tracking calendar will be reviewed monthly by the Administrator to identify upcoming requirements. The Administrator will schedule the annual fire safety inspection and supervised fire drill at least 30 days prior to the due date and verify that the completed and signed documentation is maintained on file.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented () - 09/04/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation was undated. Those sections were blank. However, it was signed by the physician on

Plan of Correction

Accept () - 08/13/2026)

Resident #1's annual medical evaluation has been corrected and completed by the physician. The completed and signed medical evaluation is attached.

Going forward, the Administrator or designee will review all annual medical evaluations upon receipt to ensure all required sections, dates, and signatures are completed before the document is placed in the resident's record.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented () - 09/04/2026)

224a - Preadmission Screen Form

5. 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

The preadmission screening form for resident #2, admitted [REDACTED], was not dated. Therefore, the timeliness of this screening cannot be determined.

Plan of Correction

Accept ([REDACTED] - 08/13/2026)

Resident #2's preadmission screening form was reviewed and corrected to ensure all required documentation is complete.

The Administrator will review all current resident preadmission screening forms to verify they are properly completed and dated. Going forward, all preadmission screenings will be completed, signed, and dated within 30 days prior to admission and reviewed for completeness before the resident is admitted.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented ([REDACTED] - 09/04/2026)

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 #1 uses a bedside mobility device to reposition while in bed. However, resident #1's annual support plan dated [REDACTED] does not document the specific need for the device, the intended use and any risks associated with the use of this device, the resident's ability to use the device safely for the purpose it was intended, or the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #2 uses a bedside mobility device to reposition while in bed. However, resident #2's initial support plan dated [REDACTED] does not document the specific need for the device, the intended use and any risks associated with the use of this device, the resident's ability to use the device safely for the purpose it was intended, or the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #3 started hospice services on [REDACTED] however, resident #3's initial support plan dated [REDACTED] was not updated to include these services.

Resident #4 has obstructive sleep apnea and uses a Continuous Positive Air Pressure (CPAP) machine as part of [REDACTED] treatment. This is not on resident #4's initial support plan dated [REDACTED]

Repeat violation – 7/21/25

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accepted (████ - 08/13/2026)**

The support plans for Residents #1, #2, #3, and #4 have been reviewed and corrected.

Residents #1 and #2's support plans were updated to include the bedside mobility device, the specific need and intended use, associated risks, the resident's ability to safely use the device, and applicable device/FDA safety requirements.

Resident #3's support plan was updated to include hospice services.

Resident #4's support plan was updated to include the use of the CPAP machine for obstructive sleep apnea.

The Administrator will review all current resident support plans to ensure that medical services, equipment, assistive devices, and outside services are accurately documented. Going forward, support plans will be reviewed and updated whenever there is a change in a resident's services, medical equipment, or care needs to maintain compliance with §2600.227(d).

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented (████ - 09/04/2026)