

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

September 11, 2026

[REDACTED]
GRAYSFUL LIVING LLC
[REDACTED]
[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 07/23/2026 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: 04/22/2027

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 and Industry

Staffing Hours

Resident Support Staff:

Total Daily Staff: 17

Waking Staff: 13

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/23/2026

Inspection Dates and Department Representative

07/23/2026 - 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: 11

Diagnosed with Mental Illness: 17

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

07/23/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/14/2026

08/18/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

Inspections / Reviews (*continued*)

08/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/05/2026

09/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On numerous occasions, to include the following dates/times, no staff person was present in the home who was qualified to administer medications. Numerous residents in the home are unable to self-administer medications and are prescribed pro re nata (PRN) medications, to include residents [REDACTED] and [REDACTED]

- Throughout the entire day on [REDACTED]
- Throughout the entire day on [REDACTED]
- On [REDACTED] from approximately 9:00pm through [REDACTED] at approximately 9:00am

Repeated Violation- [REDACTED]

Plan of Correction

Directed [REDACTED] - 08/26/2026)

Due to numerous employee issues, employees not showing up, employees quitting etc, we overlooked some scheduled days. Administrator and Supervisor did administer medications but was not present the entire shift. The schedule has been updated so that there is always a qualified med trainer in the shift. Remaining employees are working on med administration certifications at this time. The current schedule is permanent and ensures a qualified med tech is on shift. If for any reason the med tech is not available on their scheduled shift the administrator or supervisor will be present for that shift. Please also check the Preventive Actions and compliance monitoring activities on the SansWrite provided sections. More details provided for you review on those sections for each violations.

DIRECTED: By 9/5/26: The administrator shall develop and implement a tracking system which includes the initial completion dates for all staff persons who have successfully completed the Department-approved medication administration course, as well as the completion dates for all annual practicums. Documentation of the tracking system shall be kept and shall be reviewed/updated by the administrator on a monthly basis beginning on 10/1/26. [REDACTED] 8/26/26

DIRECTED: Beginning on 8/28/26: The administrator/designee shall review the home's direct care staffing schedule daily to ensure there is a staff person present in the home at all times who is qualified to administer medications in accordance with 2600.182b. [REDACTED] 8/26/26

Proposed Overall Completion Date: 08/25/2026

Directed Completion Date: 09/05/2026

Implemented ([REDACTED]) 09/11/2026)

131f - Fire Extinguisher Inspection

2. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f Fire Extinguisher Inspection (continued)

Description of Violation

There is no inspection tag located on the fire extinguisher near the main stairwell leading to the basement indicating the fire extinguisher has been inspected and approved by a fire safety expert within the past year.

Plan of Correction

Directed [REDACTED] - 08/26/2026)

All fire extinguishers were inspected and approved on the same day. The tag is missing but A1 fire extinguishers is coming out by 8/20/26 to replace the tag. They will also give us a list of fire extinguishers and the dates they were inspected to keep on hand in case another tag is removed. Administrator will check all fire extinguishers weekly and ensure proof is available for all fire extinguishers that they were in fact inspected. (DIRECTED: The weekly checks shall begin on 9/1/26. [REDACTED] 8/26/26). Documentation of weekly monitoring will be kept.

Proposed Overall Completion Date: 08/25/2026

Directed Completion Date: 09/01/2026

Implemented [REDACTED] 09/11/2026)

225a - Assessment 15 Days

3. 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 [REDACTED] initial assessment, dated [REDACTED] does not include diagnoses of [REDACTED] and [REDACTED] as indicated on resident [REDACTED] initial medical evaluation, dated [REDACTED]. Also, resident [REDACTED] was admitted to the home on [REDACTED] however, resident [REDACTED]'s initial assessment indicates resident # [REDACTED] admission date as [REDACTED]. Additionally, resident [REDACTED] initial assessment indicates resident [REDACTED] requires no supervision in the home; however, staff notes for resident [REDACTED] indicate numerous incidents of [REDACTED] use and being under the influence of [REDACTED].

Repeated Violation [REDACTED], et. al.; [REDACTED]

Plan of Correction

Directed [REDACTED] - 08/26/2026)

Administrator and supervisor will audit all files by 8/21/26 to ensure accuracy and that all diagnoses, dates, and information is current and correct. Administrator was having internet issues and now realizes some things were not saving while doing them. Administrator will ensure all information prints out correctly with every update. Documentation of file audits will be kept.

DIRECTED: By 9/1/26: The administrator shall review and update resident [REDACTED]'s assessment to include all diagnoses indicated on resident # [REDACTED]'s most recent medical evaluation, the correct admission date for resident [REDACTED], as well as update resident [REDACTED]'s supervision and behavioral needs. The updated assessment for resident [REDACTED] shall be placed in resident # [REDACTED]'s record and be accessible to all direct care staff persons at all times. [REDACTED] 8/26/26

DIRECTED: Beginning on 9/1/26: The administrator shall review at least 4 different resident assessments monthly

225a - Assessment 15 Days (continued)

to ensure accuracy and completeness. [REDACTED] 8/26/26

Proposed Overall Completion Date: 08/25/2026

Directed Completion Date: 09/01/2026

Implemented [REDACTED] - 09/11/2026)

228h - Grounds Discharge/Transfer**4. Requirements**

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

7. Documented, repeated violation of the home rules.

Description of Violation

On [REDACTED] resident [REDACTED] was issued a written 30-day discharge notice indicating resident [REDACTED] had violated numerous home rules; however, there is no documentation of any violations of home rules issued to resident [REDACTED] prior to the [REDACTED] discharge notice.

Plan of Correction

Directed [REDACTED] - 08/26/2026)

Resident [REDACTED] had multiple counsels with administrator and most included [REDACTED] caseworker from SPHS.

Administrator is currently looking for the documentation and will submit. Staff had previously pulled them from [REDACTED] file to discuss with caseworker and ombudsman.

DIRECTED: By 9/5/26: The administrator shall review the Department's regulatory compliance guide with regard to regulations 2600.228a through 2600.228h to ensure understanding of the process for resident discharges from the home, which includes ensuring there are at least 2 documented violations of home rules issued to residents prior to the issuance of a written 30-day notice. Documentation of the education shall be kept. [REDACTED] 8/26/26

Beginning on 9/5/26: The administrator shall review all written 30-day notices prior to issuance to ensure compliance with 2600.228a through 2600.228h. The administrator shall also seek guidance from the Department when necessary to ensure compliance. [REDACTED] 8/26/26

Proposed Overall Completion Date: 08/25/2026

Directed Completion Date: 09/05/2026

Implemented [REDACTED] - 09/11/2026)