

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

September 11, 2026

[REDACTED], OWNER  
GRAND AT FAYETTE LLC  
[REDACTED]  
[REDACTED]

RE: GRAND AT FAYETTE D/B/A  
COUNTRY CARE MANOR  
205 COLDREN ROAD  
FAYETTE CITY, PA, 15438  
LICENSE/COC#: 44959

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2026 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:** GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR    **License #:** 44959    **License Expiration:** 05/15/2027  
**Address:** 205 COLDREN ROAD, FAYETTE CITY, PA 15438  
**County:** FAYETTE    **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** GRAND AT FAYETTE LLC

**Address:** [REDACTED]

**Phone:** [REDACTED]    **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** C-2 LP    **Date:** 03/12/1993    **Issued By:** Labor & Industry

## Staffing Hours

**Resident Support Staff:** 0    **Total Daily Staff:** 45    **Waking Staff:** 34

## Inspection Information

**Type:** Full    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Complaint    **Exit Conference Date:** 08/10/2026

## Inspection Dates and Department Representative

08/10/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 75    **Residents Served:** 34

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 10

## Number of Residents Who:

**Receive Supplemental Security Income:** 0    **Are 60 Years of Age or Older:** 34  
**Diagnosed with Mental Illness:** 1    **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 11    **Have Physical Disability:** 1

## Inspections / Reviews

## 08/10/2026 Full

**Lead Inspector:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 08/27/2026

## 08/26/2026 - POC Submission

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

Inspections / Reviews (*continued*)

## 08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

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

## 09/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 29a SOPb2 - Hospice Care: Informed Consent

## 1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

## Description of Violation

According to the home's fire drill records, resident #1 was not evacuated during the fire drill conducted on 9/29/25 at 1:15pm because resident #1 was on Hospice; however, there was no written informed consent present at the time of inspection from resident #1, resident #1's power of attorney for health care, resident #1's legal guardian or resident #1's health care representative indicating resident #1 was not to be evacuated.

## Plan of Correction

Directed ( ) - 08/31/2026)

The Executive Director immediately obtained a copy of the written order from the physician for the resident not to be moved during a fire drill. The Executive Director or Designee will review the status of all hospice residents on a weekly basis x 2 weeks starting on August 11, 2026 then monthly x 2 months finishing 9/1/ 2026. The Executive Director educated the nursing staff on August 17, 2026 on the 2600.29b1-11 regulation and procedures that are to be followed. (DIRECTED: Documentation of the staff education shall be kept. ( ) 8/31/26). The ED will be responsible for ensuring that regulation 2600.29b1-11 will be followed when appropriate. The steps for 2600.29b1-11 will be placed in a binder, ED will review with the staff as needed, and will assist with utilizing when needed per physician's order. (DIRECTED: The steps shall be placed in a binder by 9/5/26. ( ) 8/31/26).

The staff also was reeducated by the ED on 8/11/2026 on obtaining and placing a copy of the documentation from the physician in the resident's medical chart for reference. (DIRECTED: Documentation of the staff education shall be kept. ( ) 8/31/26)

DIRECTED: Beginning on 9/1/26: The administrator shall review all fire drill documentation monthly to ensure all regulations specified in the statements of policy in 2600.29b(1) through 2600.29b(11) are all completed each time a resident on hospice is not evacuated during fire drills. ( ) 8/31/26).

Proposed Overall Completion Date: 09/01/2026

Directed Completion Date: 09/05/2026

Implemented ( ) - 09/11/2026)

## 103f - Refrigerator/Freezer Temps

## 2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

At 2:44pm, the temperature in the left side Midea freezer, located in the 1st floor pantry, was 10 degrees Fahrenheit, and at 3:34pm, it was 10 degrees Fahrenheit.

**103f - Refrigerator/Freezer Temps (continued)**

At 2:44pm, the temperature in the left side Midea refrigerator, located in the 1st floor pantry, was 50 degrees Fahrenheit, and at 3:34pm, it was 48 degrees Fahrenheit.

Repeated Violation-9/24/2025

**Plan of Correction****Accept ( ) - 08/31/2026)**

The community had just received a large food order that had the doors opening and closing often.

The Executive Director and Resident Care Coordinator checked the refrigerator temperature the morning of 8/11/26 and the temperatures were within the regulatory guidelines.

The Executive Director and Resident Care Coordinated reeducated the dietary staff on recording daily temperatures and verifying they are in compliance with the regulations and also being mindful of the time it may take to put away re-stock perishable The training was completed on August 17, 2026.

The Executive Director or Designee will monitor the refrigerator and freezer temperatures daily x 1 week starting on August 11, 2026 then monthly x 2 months finishing 10/31/ 2026.

Licensee's Proposed Overall Completion Date: 09/01/2026

**Implemented ( ) - 09/11/2026)****132e - Fire Drill Sleeping Hours****3. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The most recent fire drill conducted during sleeping hours was held on 3/25/26 at 3:45am; however, the previous fire drill conducted during sleeping hours was held on 3/31/25 at 11:15pm.

**Plan of Correction****Accept ( ) - 08/31/2026)**

The Executive Director or Designee immediately restructured the fire drill schedule verifying that there are two sleeping drills planned. The Executive Director and Resident Care Coordinator will reeducated all staff on sleeping hour fire drills to be completed 8/30/26. The Executive Director or Designee will monitor the fire drills verifying compliance

with sleeping hour drills starting on 8/26/26. The fire drills will be monitored monthly x 6 months starting on 8/30/2026 through 2/1/2027. The administrator shall monitor the fire drill records monthly to ensure long-term compliance.

Licensee's Proposed Overall Completion Date: 09/01/2026

**Implemented ( ) - 09/11/2026)**

**183e - Storing Medications****4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*Resident #2's was prescribed Ferrous Sulfate 325mg tablet-Take 1 tablet by mouth every day; however, on 8/5/26, resident #2 was prescribed Ferrous Sulfate 325mg tablet-Take 1 tablet by mouth every other day. The home currently uses a roll pack medication system and at the time of inspection, resident #2's Ferrous Sulfate was present in each daily medication roll pack.*

**Plan of Correction****Accept ( ) - 08/31/2026)**

*The Executive Director immediately did a medication cart audit on 8/11/26. The Executive Director and Resident Care Coordinator reeducated staff on the storage and labeling of all medications. The initial training was done 8/14/2026, training completion date will be 8/30/26. The training record will be kept in the POC binder for reference located in the ED's office. The Executive Director or Designee will do weekly medication cart audits weekly x 4 weeks starting on 8/26/26 and biweekly medication cart audits for 2 months completion date 11/30/26. All 34 resident's medications will be audited and results will be kept in our POC binder in the ED's office*

*The pharmacy was notified and the resident's roll pack was returned to the pharmacy to re-package, the pharmacy returned the corrected roll pack on 8/10/2026, the date of inspection*

*The home's procedures for updating the roll packs upon receipt of new orders are to remove the incorrect roll pack, notify the pharmacy, return the incorrect packet to the pharmacy, and replace with corrected roll pack per physician's orders.*

**Licensee's Proposed Overall Completion Date: 09/01/2026**

**Implemented ( ) - 09/11/2026)****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 #2 is currently prescribed Ferrous Sulfate 325mg tablet-Take 1 tablet by mouth every other day; however, resident #2's pharmacy label indicates Ferrous Sulfate 325mg tablet-Take 1 tablet by mouth every day.*

**Plan of Correction****Directed ( ) - 08/31/2026)**

*The Executive Director immediately did a medication cart audit on 8/11/26. The Executive Director and Resident Care Coordinator reeducated all staff on the storage of medications and residents medications*

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

labeled. The initial training was done 8/14/2026 all training will be completed by 9/9/2026. (DIRECTED: Documentation of the staff education shall be kept. [REDACTED] 8/31/26). The Executive Director or Designee will do weekly medication cart audits weekly x 4 weeks starting 8/26/26 and biweekly medication cart audits for 2 months. 11/02/26. All 34 residents medications will be audited by the ED or designee starting on 8/26/2026 with a completion date of 11/02/2026. The audits and POC will be kept in the ED's office in our POC binder

The resident's roll pack was sent back to the pharmacy to re-package the medications on 8/10/2026, the date of inspection

The pharmacy was notified and the resident's roll pack was returned to the pharmacy to re-package, the pharmacy returned the corrected roll pack on 8/10/2026, the date of inspection

The home's procedures for updating the roll packs upon receipt of new orders are to remove the incorrect roll pack, notify the pharmacy, return the incorrect packet to the pharmacy, and replace with corrected roll pack per physician's orders.

Proposed Overall Completion Date: 09/09/2026

**Directed Completion Date: 09/09/2026**

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