



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SYCAMORE ESTATES LLC**

LEGAL ENTITY

To operate **SYCAMORE ESTATE PERSONAL CARE RESIDENCE**

NAME OF FACILITY OR AGENCY

Located at **717 DUQUESNE BLVD, DUQUESNE, PA 15110**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **49**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 17, 2026** until **June 17, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454500**

[Signature]
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Pennsylvania Department of Human Services

Emailing Date: September 11, 2026

[REDACTED]
Sycamore Estates LLC
[REDACTED]

RE: Sycamore Estate Personal Care
Residence
License #: 454500

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 25, 2026, March 26, 2026, and June 9, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: SYCAMORE ESTATE PERSONAL CARE RESIDENCE **License #:** 45450 **License Expiration:** 06/17/2026
Address: 717 DUQUESNE BLVD, DUQUESNE, PA 15110
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: SYCAMORE ESTATES, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 05/14/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 31 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Provisional, Monitoring **Exit Conference Date:** 03/26/2026

Inspection Dates and Department Representative

03/25/2026 On Site: [REDACTED]
03/26/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 49 **Residents Served:** 25

Secured Dementia Care Unit

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

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 25
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 6 **Have Physical Disability:** 0

Inspections / Reviews

03/25/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/30/2026

05/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/07/2026

05/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 05/21/2026

09/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

3c - Post Current License**1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], the following license inspection summaries were not posted in a conspicuous and public place in the home:

- The license inspection summary, dated [REDACTED]
- The license inspection summary, dated [REDACTED]

Plan of Correction**Accept** [REDACTED] 05/01/2026)

On the day of the inspection LIS dated 11/6/25 and 9/25/25 were added to the rest of the inspection summaries located in a conspicuous and public place. The administrator was retrained on the requirements of 2600.3c on 4/28/26 and will conduct a quarterly audit for the next 2 quarters to ensure all recent inspection summaries continue to be included. This training will be kept in compliance with 2600.65i.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [REDACTED] - 09/02/2026)**25b - Contract Signatures****2. Requirements**

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident [REDACTED]'s resident-home contract, dated [REDACTED] is not signed by the resident.

Plan of Correction**Directed** [REDACTED] 05/07/2026)

On the day of the inspection, resident [REDACTED] signed the contract. On 4/28/26 the Administrator reviewed all contracts for resident signatures/marks and gathered any that were missing. The Administrator was retrained on the requirements of 2600.25b and the training will be kept in compliance of 2600.65i. A monthly audit of all new resident contracts will be conducted by the Administrator for the next 3 months starting in May. (DIRECTED: The monthly audits shall begin on 5/11/26. [REDACTED] 5/7/26). Additionally, the home has instituted an electronic contract which requires a signature of the resident in order for the contract to be completed, this is in a digital touch format to enable residents with various physical impairments to make their mark.

Proposed Overall Completion Date: 05/29/2026

Directed Completion Date: 05/11/2026

Implemented [REDACTED] - 09/02/2026)**81b - Resident Personal Equipment****3. Requirements**

2600.

81b - Resident Personal Equipment (continued)

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at approximately 10:30am, there was an uncovered bedside mobility device, measuring approximately 14" x 15", which was attached to the left side of resident [REDACTED] bed, posing an entrapment hazard to the resident.

Plan of Correction

Accept [REDACTED] - 05/07/2026)

During the inspection on 3/25, a cover was immediately placed on the assistive device. No other residents use a mobility device. All staff will be educated on the requirements of 81.b, by 5/8/26 by the administrator, specifically pertaining to bedside mobility devices and on a daily process to check for securely attached equipment during daily routine care and to ensure the covering is on the assistive device. Training documentation will be kept according to 65i. The administrator or designee will immediately implement a daily check of the device to ensure the covering remains, starting 4/28, for the next two weeks, weekly for 3 weeks and monthly thereafter. The Executive director will audit all bedside mobility devices monthly for placements of secure covers.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 09/02/2026)

89a - Water Pressure**4. Requirements**

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [REDACTED] at approximately 10:15am, the hot water temperature at the sink in the upper north wing's bathroom near bedroom [REDACTED] was 72.9 degrees Fahrenheit.

Plan of Correction

Directed [REDACTED] - 05/07/2026)

On the day of the inspection a plumber was called to review both violations noted regarding water. There was no issue found with pressure in any of the systems. The hot water tank serving the bathroom noted in the violation was turned up to increase water temperature to an acceptable level per 2600. 89b. The temperature on 4/28 read 113F. Regarding the temperature noted in the violation, a mixing valve and temperature gauge will be installed on 4 additional hot water tanks to ensure consistency of water temperatures at 120F +/-2F. This will be completed by May 21 and will be completed by a certified plumber. The temperatures in the common bathrooms are being monitored daily by the Administrator or designee until the change occurs to ensure water temperatures remain safe for residents. Testing the common bathrooms represent all water tanks serving all resident bathrooms and are an acceptable proxy vs testing all bathrooms in the home for resident use (35). Once the mixing valve is replaced, the Administrator or designee will continue to monitor water temperatures weekly for 4 weeks to ensure consistency in water temperatures on the effected areas of the home. These temperature will be recorded and kept on file for agency review.

Proposed Overall Completion Date: 05/08/2026

Directed Completion Date: 05/21/2026

Implemented [REDACTED] - 09/02/2026)

89b - Hot Water Temperature

5. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 10:40am, the hot water temperature at the sink in the upper east common bathroom near bedroom [REDACTED] was 130.0 degrees Fahrenheit.

On [REDACTED] at approximately 10:45am, the hot water temperature at the sink in the lower east basement common bathroom near bedroom [REDACTED] was 142.0 degrees Fahrenheit.

Plan of Correction**Directed [REDACTED] - 05/07/2026)**

On the day of inspection the water heater that services the two bathrooms noted in the violation was turned down to ensure the water temperature were below 120F. After testing the water, the temperatures were 115F. All other bathrooms serviced by the other 4 water heaters servicing resident areas were checked to ensure temperatures were in an appropriate range. A plumber was called the day of the inspection and determined the mixing valve on the water heater serving the bathrooms noted in the violation was faulty. The water heater valve will be replaced by a better valve including a thermometer gauge by May 21st by a certified plumber (Chester Plumbing). The temperatures in the common bathrooms are being monitored daily by the Administrator or designee until the change occurs to ensure water temperatures remain safe for residents. Testing the common bathrooms represent all water tanks serving all resident bathrooms and are an acceptable proxy vs testing all bathrooms in the home for resident use (35). Once the mixing valve is replaced, the Administrator or designee will continue to monitor water temperatures weekly for 4 weeks to ensure consistency in water temperatures on the effected areas of the home. These temperature will be recorded and kept on file for agency review.

Proposed Overall Completion Date: 05/29/2026

Directed Completion Date: 05/21/2026

Implemented [REDACTED] - 09/02/2026)**103g Storing Food****6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [REDACTED] at approximately 11:00am, there were numerous open and unsealed food items present on a kitchen shelf, to include the following:

- A 42 oz. box of Maypo Quick Oats, which was approximately 3/4 full
- A 5 lb. box of General Mills complete pancake mix, which was approximately 1/2 full

On [REDACTED] at approximately 11:00am, there were numerous open and unsealed food items present in the basement freezers, to include the following:

- A 20 lb. box of frozen carrots, which was present in the Motak freezer
- 2 bags of frozen pizza crusts, each containing 7-10 pizza crusts, which was present in the Frigidaire chest freezer

Plan of Correction**Directed [REDACTED] - 05/07/2026)**

Note: The 42oz of Maypo quick oats and 5lb box of General Mills pancake mix was used at breakfast that morning, in which the kitchen team was still cleaning the kitchen. The open nature of the container and placement are not

103g Storing Food (continued)

daily practice due to the use on the menu that day. These items were replaced in their food grade containers with tight fitting lids. Furthermore, All affected storage areas, including kitchen shelving and basement freezers, were inspected and organized to ensure compliance with proper food storage requirements.

During the inspection the box of frozen carrots and pizza crusts were removed from the freezers so they could not be used in meal service. On 3/25 a comprehensive audit of all food storage areas was conducted by the Culinary Director. The Culinary Director will reeducate all kitchen staff on the requirements of 103g by 4/20/26 and training records will be kept according to 65i. The culinary director will conduct weekly checks of food storage for 1 month starting 4/28/26 and then monthly.

Proposed Overall Completion Date: 05/29/2026

Directed Completion Date: 05/21/2026

Implemented [REDACTED] - 09/02/2026)

144c2 - Smoking Area Distance**7. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's smoking policy indicates that, "Smoking is only permitted in designated outdoor smoking areas." On [REDACTED] at 11:10am, there was a bucket containing at least 40 cigarette butts and numerous trash items/empty cigarette packs present directly outside the kitchen exit door, which is not a designated smoking area.

Plan of Correction

Accept [REDACTED] - 05/07/2026)

On the day of the inspection, the bucket mentioned in the violation report was removed from the exterior of the kitchen door. The smoking policy for staff members was updated on 4/28/26 and All staff will be in serviced on the updated staff designated smoking policy by 5/8/26, Including the prohibition of smoking outside the designated area. This training will be kept according to 65i. The Administrator or designee will conduct daily walkthroughs of the smoking area for the first 30 days, starting 4/28/26, to ensure it remains a safe distance from hazards, followed by weekly inspections thereafter for 3 months.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 09/02/2026)

186c - Change in Medications**8. Requirements**

2600.

186c - Change in Medications (continued)

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident [REDACTED] is currently prescribed blood glucose checks twice daily. On [REDACTED], staff person A, the home's administrator-in-training and licensed practical nurse (LPN), obtained a verbal order from resident [REDACTED] certified registered nurse practitioner (CRNP) to hold resident [REDACTED] blood glucose checks until blood glucose test strips are available from the pharmacy; however, as of [REDACTED] the written order from the CRNP was not present in the home.

On [REDACTED] staff person A, the home's administrator-in-training and LPN, obtained a verbal order from resident [REDACTED] CRNP to hold the following medications for resident [REDACTED] until they are available from the pharmacy; however, as of [REDACTED] the written orders from the CRNP were not present in the home:

- [REDACTED] -Take 1 tablet by mouth 3 times daily before meals
- [REDACTED] tablet-Take 1 tablet every 6 hours as needed
- [REDACTED] -Apply topically to open area on buttocks 3 times a day

Plan of Correction**Directed [REDACTED] - 05/07/2026)**

Both orders mentioned in the violation report for residents [REDACTED] and [REDACTED] were provided during the inspection: verbal orders from [REDACTED] and [REDACTED]. Inspectors then followed up with the respective medical professionals. Verbal order for Resident [REDACTED] was signed 3/31/26, when the resident CRNP made the next physical visit on-site. Verbal order for Resident [REDACTED] was signed 3/22/26, when the RN was on-site. All verbal orders were reviewed on 3/31/26 by the administrator and confirmed all verbal orders were signed by the attending CRNP. All verbal orders from hospice groups were reviewed on 3/27/26 by the administrator and confirmed to be signed.

DIRECTED: By 5/12/26: The administrator shall ensure the verbal orders obtained for resident [REDACTED] on 3/22/26 are signed by the prescriber. Copies of the signed orders shall be placed in resident # [REDACTED] record. [REDACTED] 5/7/26

The home's internal process is that all verbal orders are signed when the CRNP rounds on Tuesdays. They are then filed according to the respective resident. If the CRNP does not come on any week they are then scanned and emailed for signature prior to being filed. The administrator reviews verbal orders as they come, faxes/emails to the provider and confirms signature and completion of the order. This violation does not point out any gap in process as the inspection happened between the CRNP designated rounding dates.

DIRECTED: Beginning on 5/11/26: The administrator shall review all verbal orders obtained by a nurse at least weekly to ensure all verbal orders are signed by the prescriber and that copies of the signed orders are present in each resident's record. [REDACTED] 5/7/26

Proposed Overall Completion Date: 05/06/2026

Directed Completion Date: 05/12/2026

Implemented [REDACTED] - 09/02/2026)**187b - Date/Time of Medication Admin.****9. Requirements**

187b - Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED] at approximately 11:30am, resident [REDACTED]'s March 2026 medication administration record (MAR) did not include the initials of the staff person who administered the following medications to resident [REDACTED] on the morning of [REDACTED]

- [REDACTED] -100,000 unit/gram powder, which was not documented as administered at 9:00am
- [REDACTED] -400mcg, which was not documented as administered at 9:00am
- [REDACTED] (1,000 unit), which was not documented as administered at 9:00am

Plan of Correction**Directed [REDACTED] - 05/07/2026)**

The morning med pass was being completed at the beginning of the DHS agent inspection of the med cart. The internet was faulty that day and did not capture the medication administered signatures due to internet connection. Resident [REDACTED] MAR was corrected once the internet was restored. The department agents were provided with March's corrected MAR.

The staff person correctly documented the medication administration that morning. It was only found to be faulty after the pass was "submitted" in the eMAR during a MAR review. Since the inspection, MARs are reviewed daily by medtechs and any missing initials from an administration are investigated. These are collected by the administrator and reviewed for accuracy. This is a part of both reeducation of medtechs in the importance of proper documentation and long-term monitoring for compliance with this regulation.

If there is a wifi outage, the home's policy for medication administration is to continue to use the eMAR via phone hotspots or via the eMAR phone app. In the case no phones are available, blank MAR sheets are available for medication administration records.

DIRECTED: By 5/15/26: The administrator shall re-educate all staff persons qualified to administer medications on the home's medication administration procedures, which includes ensuring medications are documented as administered on resident MAR's immediately following medication administration. Documentation of the education will be kept in accordance with 2600.65i. [REDACTED] 5/7/26

Proposed Overall Completion Date: 05/08/2026

Directed Completion Date: 05/15/2026

Implemented [REDACTED] - 09/10/2026)**187d - Follow Prescriber's Orders****10. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed blood glucose checks 3 times a day before meals, as well as Novolog Flexpen 100u/ml insulin-Inject subcutaneously 3 times daily before meals in accordance with sliding scale; however, resident #5's blood glucose was not checked on 3/19/26 at lunchtime, because no blood glucose test strips were present in the home for resident #5.

187d - Follow Prescriber's Orders (continued)

Resident [REDACTED] prescribed blood glucose checks every week on Sundays; however, resident # [REDACTED] blood glucose was not checked on Sunday, [REDACTED], because no operable glucometer was present in the home for resident [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 05/07/2026)

INCORRECT VIOLATION: Resident [REDACTED] glucometer was present and operable in the home on 3/1/26. The resident was not in the home on 3/1/26 to take the glucose reading. This was explained to the department agent at the time of inspection.

Resident [REDACTED] test strips were ordered on-time. The pharmacy delivered on 3/20/26.

The Administrator will re-educate all trained medication technicians on the home's internal policy for reordering by 5/8/26 and this documentation will be kept in accordance with 65i.

Due to the repeat nature of this violation, Sycamore has implemented "emergency supplies" dedicated to each resident requiring glucose readings to ensure all diabetic supplies are on hand in the community in case a pharmacy delivery is delayed. Each resident has a dedicated case of supplies with a "check out" sign off page required before materials are taken. MedTechs must acquire administrator approval prior to taking supplies and the administrator will audit supply levels weekly to ensure timely reorders. This was completed on 4/28/26. A designated staff person shall review the blood glucose documentation, resident glucometers and all diabetic supplies for all residents prescribed insulin or blood glucose checks daily for 1 week, weekly for 1 month then monthly thereafter to ensure all diabetic supplies are present in the home and to ensure accurate and complete blood glucose readings and documentation are present in accordance with prescribers' orders. (DIRECTED: The audits shall begin on 5/10/26. [REDACTED] 5/7/26)

DIRECTED: By 5/15/26: The administrator shall re-educate all staff persons qualified to administer medications on the home's medication administration procedures, which includes the home's procedures for re-ordering medications and supplies prior to the depletion of the current supply. Documentation of the education will be kept in accordance with 2600.65i. [REDACTED] 5/7/26

Proposed Overall Completion Date: 05/29/2026

Directed Completion Date: 05/21/2026

Implemented [REDACTED] - 09/10/2026)

225a - Assessment 15 Days

11. 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]'s medical evaluation, dated [REDACTED] includes diagnoses of [REDACTED], essential (primary) [REDACTED], and unspecified [REDACTED]; however, these diagnoses are not indicated on resident [REDACTED]'s assessment, dated [REDACTED]

225a Assessment 15 Days (continued)

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/07/2026)

Resident [REDACTED] assessment was corrected on the day of the inspection to include the missing diagnosis the care plan associated with said diagnosis. The administrator in training and staff responsible for admissions were reeducated on the requirements of 2600.225a on 3/26/26 and the training will be kept according to 65i. The Administrator in training or a designee will audit all new resident files on a monthly basis starting in April for the next three months to ensure all diagnosis on DMEs are present on the RASPs and have associated care plans. These audits ensure all assessments are completed promptly. Administrators/Administrators in training will implement a new auditing system to maintain ongoing compliance with state regulations by 5/8/26. This auditing system in a systemic list pulling data from resident profiles to ensure completion it is a combination of google sheets and emar review to be completed monthly for 3 months for all new residents. Any gaps in documentation will be corrected during these audits and the audit will cover all residents in the home. This is to ensure every resident has a new annual assessment and that all RASP and DME documentation is up to date and compliant. All other resident records will be reviewed with the completion of the implementation of this new auditing system, 5/8/26, to ensure each resident has an accurate and complete assessment present. The administrator will be responsible for completing these audits and records will be kept for agency review.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 09/02/2026)

227d - Support Plan Medical/Dental**12. 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 [REDACTED] assessment, dated [REDACTED] includes a diagnosis of [REDACTED]; however, resident [REDACTED] support plan, dated [REDACTED] does not include the frequency in meeting this medical need. Also, resident [REDACTED] assessment includes a diagnosis of [REDACTED]; however, resident [REDACTED] support plan does not include the frequency in meeting this need or the party responsible to meet the need. These sections of resident [REDACTED] support plan are blank.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/07/2026)

On the day of the inspection, Resident [REDACTED] assessment was corrected to include the frequency of care for the two diagnosis. Administrator in training and all staff responsible for admissions on the requirements of 2600.225(d) by 5/8/26 and training documentation will be kept in accordance with 65i. The Administrator in training or a designee will audit all new resident files on a monthly basis for the three months starting in May. These audits ensure all care plans are completed promptly. Administrators/Administrators in training will implement a new auditing system to maintain ongoing compliance with state regulations by 5/8/26. This auditing system in a systemic list pulling data from resident profiles to ensure completion it is a combination of google sheets and emar review to be completed

227d Support Plan Medical/Dental (continued)

monthly for 3 months for all new residents. Any gaps in documentation will be corrected during these audits and the audit will cover all residents in the home. This is to ensure every resident has a new annual assessment and that all RASP and DME documentation is up to date and compliant. All other resident records will be reviewed with the completion of the implementation of this new auditing system, 5/8/26, to ensure each resident has an accurate and complete care plan present. The administrator will be responsible for completing these audits and records will be kept for agency review.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ([REDACTED] - 09/02/2026)

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

Facility Information

Name: SYCAMORE ESTATE PERSONAL CARE RESIDENCE **License #:** 45450 **License Expiration:** 06/17/2026
Address: 717 DUQUESNE BLVD, DUQUESNE, PA 15110
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: SYCAMORE ESTATES, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 37 **Waking Staff:** 28

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Monitoring **Exit Conference Date:** 06/09/2026

Inspection Dates and Department Representative

06/09/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 49 **Residents Served:** 29

Secured Dementia Care Unit

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

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 6 **Are 60 Years of Age or Older:** 29
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 8 **Have Physical Disability:** 1

Inspections / Reviews

06/09/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/30/2026

Inspections / Reviews (*continued*)

07/31/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/06/2026

08/11/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 08/31/2026

09/02/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2026
Reviewer: [REDACTED] Follow Up Type: Enforcement

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident [REDACTED] resident-home contract, dated [REDACTED], is not signed by resident [REDACTED]

Plan of Correction

Accept [REDACTED] 07/31/2026)

On 6/9, during the inspection the contract for Resident [REDACTED] was signed. On 6/10 all resident contracts were reviewed for completeness and The administrator, RCC and designated person were trained on 25.b. and documentation will be kept in accordance with 2600.65(i). A weekly audit of all contracts will start on 7/27 and will continue for one month and then monthly for 3 months.

To prevent future violations on 25b, the community has implemented Docusign for contract completion which will not allow contracts to be completed without the mark of the resident, which is done via tablet to assist in the independence of the resident to sign regardless of vision or other physical ailments

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented [REDACTED] - 09/02/2026)

183d - Prescription Current

-

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], resident [REDACTED] was prescribed [REDACTED] tablet-Take 1 tablet by mouth every 12 hours for 7 days; however, this medication was still present in the home's medication cart at the time of inspection.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/31/2026)

Resident [REDACTED] had recently returned from the hospital where [REDACTED] hospital stay had overlapped with the timeframe in which the [REDACTED] was supposed to be given. During the inspection the medication was removed from the cart. On 6/10 a medcart audit was conducted by the Administrator to ensure only current prescription, OTC, sample and CAM for all individuals living in the home are available.

The home has implemented a "Return audit" for all returning residents from any hospital stay to ensure all new medication orders are submitted and all DC medications are disposed of. See attached form. The RCC and medtechs have been trained on this form on 7/27, see attached, and documentation will be kept in accordance with 2600.65(i). The RCC or designated medtech will complete a resident return medication audit form for each readmission of resident. RCC or designated medtech will review audits next day to ensure completion of the form. The RCC will review end of each week if any readmission occurred during the week to ensure med audit was completed and all expired orders or DC'ed medication are removed from the cart.

Licensee's Proposed Overall Completion Date: 07/30/2026

183d - Prescription Current (*continued*)

Implemented ([REDACTED] 09/02/2026)

183e - Storing Medications

3. 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 [REDACTED] is currently prescribed [REDACTED] subcutaneously as directed and inject [REDACTED] per sliding scale before dinner: < [REDACTED] and notify provider. Hold sliding scale if patient is not eating and record". At the time of inspection, an unopened Lispro insulin pen belonging to resident [REDACTED] was stored in the home's medication cart; however, according to manufacturer's instructions, unopened [REDACTED] pens shall be stored in the refrigerator.

Plan of Correction

Accept [REDACTED] - 08/11/2026)

During the inspection on 6/9, the MedTech was replacing the old insulin pen with a new one (from the fridge) when the cart was taken to be audited during the inspection by the agent. The pen was stored in a clear bag with the resident's insulin kit and medication label due to the pen being the last in the box for the resident and there was no original box for this particular resident. The pen was used for a resident and therefore opened and left in the cart.

The administrator and medtechs were trained on 183e (previously a typo) on 7/27 on the home's Labeling and Verification Protocol form, and documentation will be kept in accordance with 2600.65(i).

As part of the home's long term monitoring steps, 10% of the residents with insulin will be audited monthly by the administrator to ensure storage procedures are being appropriately followed. These audits will start in August and will be completed by the end of each month and records will be kept for agent review.

Proposed Overall Completion Date: 08/31/2026

Proposed Overall Completion Date: 08/17/2026

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] unit subcutaneously as directed and inject [REDACTED] per sliding scale before dinner: [REDACTED] and notify provider. Hold sliding scale if patient is not eating and record"; however, no pharmacy label was present on resident [REDACTED] pen, which was unopened and present in a bag inside the home's medication cart.

Repeated Violation-

Plan of Correction

Accept [REDACTED] - 08/11/2026)

During the inspection on 6/9, the MedTech was replacing the old insulin pen with a new one (from the fridge) when the cart was taken to be audited during the inspection by the agent. The pen was stored in a clear bag with the resident's insulin kit and medication label due to the pen being the last in the box for the resident and there was no original box for this particular resident.

On 6/10, during a cart audit, all medications were inspected to have their correct pharmacy labels to include all the requirements of 184a.1-4 for all residents. The administrator and medtechs were trained on 184a on 7/27 on the home's Labeling and Verification Protocol form, see attached, and documentation will be kept in accordance with 2600.65(i).

The home's long term monitoring will be to audit 10% of the resident's medication records and physical medication labels to ensure all medications stored in the home align to the requirements of 184a. These audits will be done by the administrator or designee and start in August and will be completed by the end of each month and records will be kept for agent review.

Proposed Overall Completion Date: 08/31/2026

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] subcutaneously as directed and inject insulin lispro per sliding scale before dinner: [REDACTED] and notify provider. Hold sliding scale if patient is not eating and record". On [REDACTED] at 5:38pm, resident [REDACTED] glucometer indicated a blood glucose reading of [REDACTED] however, this blood glucose reading was documented as [REDACTED] on resident [REDACTED] June 2026 medication administration record (MAR).

185a - Implement Storage Procedures (continued)

Repeated Violation- [REDACTED]

Plan of Correction

Accept [REDACTED] 08/11/2026)

At the time of inspection, the provider for Resident [REDACTED] was notified of the potential incorrect insulin administration. All sugar readings are recorded in a notebook, including this specific resident for dates and times. All Medication technicians were trained on 7/27 on 2600.185 by the Resident Care Coordinator and Administrator and documentation will be kept in accordance with 2600.65(i). On 6/10, the Resident Care Coordinator completed an initial medication cart audit which included the verification of glucose reading accuracy. Resident Care Coordinator or Designee will complete a glucometer reading weekly and deliver to the administrator for review and sign off. This will continue monthly after 3 weeks. The weekly audits will begin the week of Aug 9th and all residents prescribed blood glucose checks will be included in these audits. The audits will specifically review each resident's glucometer and cross-reference the blood glucose readings to resident MAR's to ensure accurate blood glucose readings are documented and that the proper amount of insulin was administered. The records will be kept for agent review. If any missed doses of insulin are administered, the provider of the individual will be immediately notified and the medication error will be appropriately documented.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

187a - Medication Record**6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

11. Special precautions, if applicable.

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] subcutaneously as directed and inject insulin lispro per sliding scale before dinner: [REDACTED]

[REDACTED] and notify provider. Hold sliding scale if patient is not eating and record"; however, resident [REDACTED] June 2026 MAR does not include the entire sliding scale order and special instructions to hold sliding scale if resident is not eating, and only indicates [REDACTED] subcutaneously as directed inject insulin lispro per sliding scale before dinner; < [REDACTED].

Repeated Violation- [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/11/2026)

On 6/9, an investigation with the Pharmacy was opened regarding the cutoff of the full instructions on the resident MAR. The order sent to the pharmacy was correct from the provider. The full order was cut off due to a system limitation on characters. The pharmacy and software developers corrected this character limitation and a new order with the full sliding scale was submitted on 6/9. Additionally the pharmacy had approved, not the home, to begin administration

On 6/10, during a cart audit all requirements of 187a for all residents. An Insulin pen delivery, labeling and re-order form has been created for med techs to complete during the delivery of insulin pens to ensure 187a requirements are met. The Admin, RCC and medtechs were trained on this on 7/27 and documentation will be kept in accordance

187a - Medication Record (continued)

with 2600.65(i).

For long term monitoring, the administrator or designee will audit 10% of the home's current resident's medication records to ensure all requirements of 187a are met. This audit will begin in August and be completed by the end of the month. The documentation shall be kept for agent review.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

187b - Date/Time of Medication Admin.**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is currently prescribed "[REDACTED] subcutaneously as directed and inject insulin lispro per sliding scale before dinner: [REDACTED] and notify provider. Hold sliding scale if patient is not eating and record". According to resident [REDACTED] June 2026 MAR, on [REDACTED] at approximately 5:00pm, resident [REDACTED]'s blood glucose was [REDACTED] and that [REDACTED] of [REDACTED] were administered to resident [REDACTED] by direct care staff person A; however, resident [REDACTED] June 2026 MAR was also documented by direct care staff person A as "held per parameters" and indicates the site of insulin administration as "0".

Plan of Correction

Accept [REDACTED] - 08/11/2026)

At the time of inspection, the provider for Resident [REDACTED] was notified of the potential incorrect insulin administration. All sugar readings are recorded in a notebook, including this specific resident for dates and times. All Medication technicians were trained on 7/27 on 2600.187b (previously a typo) by the Resident Care Coordinator and Administrator and documentation will be kept in accordance with 2600.65(i). On 6/10, the Resident Care Coordinator completed an initial medication cart audit which included the verification of glucose reading accuracy.

For long term monitoring, the administrator or designee will audit 10% of the home's current resident's medication records to ensure all requirements of 187b are met. This audit will begin in August and be completed by the end of the month. The documentation shall be kept for agent review.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is currently prescribed "[REDACTED] subcutaneously as directed and inject insulin lispro per sliding scale before dinner: [REDACTED] and notify provider. Hold sliding scale if patient is not eating and record". However, the incorrect amount of insulin was

187d - Follow Prescriber's Orders (continued)

administered to resident [REDACTED] on numerous dates/times, to include the following:

- On [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and [REDACTED] of insulin should have been administered to resident [REDACTED] however, according to resident [REDACTED] June 2026 MAR, only [REDACTED] of insulin were administered to the resident
- On [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and [REDACTED] of insulin should have been administered to resident [REDACTED] however, according to resident [REDACTED] June 2026 MAR, only 6 units of insulin were administered to the resident
- On [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and [REDACTED] of insulin should have been administered to resident [REDACTED] however, according to resident [REDACTED] June 2026 MAR, only 6 units of insulin were administered to the resident
- On [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and [REDACTED] of insulin should have been administered to resident [REDACTED] however, according to resident [REDACTED] June 2026 MAR, only 6 units of insulin were administered to the resident
- On [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and [REDACTED] of insulin should have been administered to resident [REDACTED] however, according to resident [REDACTED] June 2026 MAR, only 6 units of insulin were administered to the resident

According to resident [REDACTED] June 2026 MAR, on [REDACTED] at approximately 5:00pm, resident [REDACTED] blood glucose was [REDACTED] and should have received [REDACTED] of insulin. Resident [REDACTED] June 2026 MAR indicates only [REDACTED] of insulin were administered to resident [REDACTED] on this date/time; however, was also documented by direct care staff person A as "held per parameters" and indicates the site of insulin administration as "0", so it is unable to be determined if insulin was administered to resident [REDACTED] on this date/time.

Repeated Violation- [REDACTED]

Plan of Correction

Directed [REDACTED] 08/11/2026)

At the time of inspection, the provider for Resident [REDACTED] was notified of the potential incorrect insulin administration. All sugar readings are recorded in a notebook, including this specific resident for dates and times. All Medication technicians were trained on 7/27 on 2600.187d (previously a typo) by the Resident Care Coordinator and Administrator and documentation will be kept in accordance with 2600.65(i). This training specifically covered how to administer different types of medication routes and an overall review of the 5 Rights of medication in addition to the immediate recording of the administration. On 6/10, the Resident Care Coordinator completed an initial medication cart audit which included the verification of glucose reading accuracy. Resident Care Coordinator or Designee will complete a glucometer reading weekly and deliver to the administrator for review and sign off. This will continue monthly.

DIRECTED: Beginning on 8/31/26: The administrator/designee shall audit at least 10% of resident MAR's each month to ensure medications and insulin are administered in accordance with prescribers' orders. Documentation of the audits shall be kept for 2 months. [REDACTED] 8/11/26).

****On 6/9, an investigation with the Pharmacy was opened regarding the cutoff of the full instructions on the resident MAR. The order sent to the pharmacy was correct from the provider. The full order was cut off due to a system limitation on characters. The pharmacy and software developers corrected this character limitation and a new order with the full sliding scale was submitted on 6/9****

187d - Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 08/31/2026

Directed Completion Date: 08/31/2026

Implemented [REDACTED] - 09/10/2026)

221c - Post Activity Calendar**9. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

At the time of inspection, no weekly activity calendar was posted in a conspicuous and public place in the home.

Plan of Correction

Accepted [REDACTED] - 08/11/2026)

The activity calendar was posted on the wall next to the menus at the time of inspection. This violation is incorrectly cited.

The home's long term monitoring step to ensure compliance the administrator will sign off on the presence of the monthly activity calendar and keep records for agent review. This will be completed by the 1st of each month for the following month.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/02/2026)