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

November 9, 2026

[redacted], EXECUTIVE DIRECTOR
UNIONTOWN AL LLC
[redacted]

RE: THE ADDISON OF UNIONTOWN
660 CHERRY TREE LANE
UNIONTOWN, PA, 15401
LICENSE/COC#: 45502

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2026 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: *THE ADDISON OF UNIONTOWN* **License #**: *45502* **License Expiration**: *05/29/2027*

Address: *660 CHERRY TREE LANE, UNIONTOWN, PA 15401*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *UNIONTOWN AL LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *03/16/1998* **Issued By**: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *10/05/2026*

Inspection Dates and Department Representative

10/05/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served**: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*

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

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

10/05/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *11/07/2026*

Inspections / Reviews *(continued)*

11/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/09/2026*

11/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:02 am, the plastic bag inside of a 10 lb. box of hamburger patties in the kitchen freezer #2 was open and unsealed.

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

1. The open food container was immediately properly resealed.

2. On 10-6-2026 the Director of Culinary Service audited all kitchen refrigerators and freezers to make sure that all food is stored properly to ensure compliance with regulation. Documentation shall be kept.

3. All current culinary staff to receive training from the Director of Culinary Service and/or designee on the importance that all food stored in the kitchen refrigerators and freezers be properly stored by 10-31-2026 to ensure compliance with regulation. Culinary staff training was completed on 10-15-2026. Documentation shall be kept.

4. Director of Culinary Service and/or designee will conduct 5 day per week audits beginning 10-30-26 of kitchen refrigerators and freezers for 30 days. Then the audits will then continue weekly for next 2 months. Documentation shall be kept. The Director of Culinary Service and/or designee will review the audits at the Quarterly Quality Assurance meeting scheduled for 12/30/2026 to ensure ongoing compliance with regulations.

See attached

Licensee's Proposed Overall Completion Date: *11/07/2026*

Implemented ([redacted] - 11/09/2026)

132g - Fire Drills Days/Times

2. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping hours fire drills between 4:00 am - 4:30 am, as evidenced by the following drills:

- *9/24/2026 4:15 am*
- *3/27/2026 4:05 am*
- *12/19/2025 4:20 am*
- *10/1/2025 4:00 am*
- *9/24/2025 4:30 am*

132g - Fire Drills Days/Times *(continued)*

Plan of Correction ***Accept (- 11/05/2026)***

1. On 10-12-2026 the Executive Director educated the Director of Plant Operations on regulation 132.g. Documentation shall be kept.

2. Director of Plant Operations conducts monthly fire drills. Director of Plant Operations will conduct a sleeping hours fire drill within the next two months that will not be around 4AM hour. Director of Plant Operations completed a sleeping hours fire drill on 10-26-2026 at 10:40pm. Documentation shall be kept.

3.Director of Plant Operations will conduct ongoing sleeping hours fire drills 2-3 hours from the previous one and will continue this pattern ongoing to ensure compliance with regulation. Documentation shall be kept.

4. Director of Plant Operation and/or designee will review the monthly fire drills at the Quarterly Quality Assurance meeting scheduled for 12-30-2026 to ensure ongoing compliance with regulations.

See attached.

Licensee's Proposed Overall Completion Date: *11/07/2026*

Implemented (- 11/09/2026)

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

The open bottle of Olopatadine HCL Ophthalmic Solution 0.1% on the home's med cart belonging to resident #1 had an open date of 9/1/2026.; however, according to the manufacturer's instructions, bottles of Olopatadine HCL Ophthalmic Solution 0.1% should be discarded 28 days after opening.

Plan of Correction ***Accept (- 11/05/2026)***

1. The expired/open medication was immediately removed from the medication cart and properly disposed of according to company policy.

2. Med cart audits were completed by the Health & Wellness Director and/or designee on 10-6-2026 to verify that no other medications were past the open or expiration date. Documentation will be kept.

3. Current med techs to receive training by the Health & Wellness Director and/or designee by 10-31-2026 on the importance of following manufacturer/pharmacy guidelines for open/discard after dates, proper labeling of medication open dates as applicable. Med tech training was completed on 10-25-2026. Documentation will be kept.

4. Health & Wellness Director and/or designee will audit medication cart #1 and #2 beginning 10-30-2026 weekly for 4 weeks then biweekly for 4 weeks and monthly for one month. The Health & Wellness Director and/or designee will be reviewed the audits at the Quarterly Quality Assurance meeting scheduled for 12/30/2026 to ensure ongoing compliance with regulation.

183e Storing Medications (continued)

See attached.

Licensee's Proposed Overall Completion Date: *11/07/2026*

Implemented ([redacted] - 11/09/2026)