

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

August 28, 2025

[REDACTED], CEO
HALCYON SENIOR LIVING LLC
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017

RE: HALCYON SENIOR LIVING
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45109

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2025, 07/24/2025 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: HALCYON SENIOR LIVING License #: 45109 License Expiration: 08/20/2026
 Address: 528 DEWEY AVENUE, BRIDGEVILLE, PA 15017
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: HALCYON SENIOR LIVING LLC
 Address: 528 DEWEY AVENUE, BRIDGEVILLE, PA, 15017
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 04/13/1998	Issued By: Labor & Industry
Type: I-1	Date: 10/23/2014	Issued By: Municipality of Bridgeville
Type: I-2	Date: 08/03/2020	Issued By: Bridgeville Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 97 Waking Staff: 73

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 07/24/2025

Inspection Dates and Department Representative

07/23/2025 - On-Site: [REDACTED]
 07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 88 Residents Served: 65

Secured Dementia Care Unit

In Home: Yes Area: 2nd Floor Capacity: 44 Residents Served: 29

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 65
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 32	Have Physical Disability: 1

Inspections / Reviews

07/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2025

Inspections / Reviews (*continued*)

08/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/27/2025

08/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "If an approved carbon monoxide alarm at a care facility operates by battery, the battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner." However, on 7/23/25 at 11:07 a.m., the two AA batteries in the carbon monoxide detector on the second floor mounted on the opposite wall outside the mechanical room were dated 2/1/22.

Plan of Correction

Accept () - 08/08/2025

Immediately on 7/23/25 Maintenance Director, tested batteries and marked all labels with correct date, replacing and dating batteries for carbon monoxide detectors. On 8/5/25, Administrator audited all carbon monoxide devices and dates of installation. On 8/5/25, discussed findings with Maintenance Director and reviewed the Carbon Monoxide Alarm Standards Act. Educational training to be completed with staff at educational event on 8/27/25. Moving forward, Maintenance director will check labels/batteries 1x/month for 4 months and then annually starting 1/1/2026

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented () - 08/28/2025

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/23/25 at approximately 11:30 a.m., on the second-floor secure dementia care unit (SCDU) community shower area there was an unlabeled blue colored plastic disposable razor in the soap dish against the back shower wall.

Plan of Correction

Accept () - 08/08/2025

On 7/23/25, immediately removed razor and disposed items in proper receptacle by Maintenance Director. On 8/5/25, completed audit, by Administrator, of each community shower area, noting areas of non-compliance. On 8/5/25, communicated with staff regarding proper placement of razors and policies regarding proper disposal and sanitation. Starting 8/5/25, Admin to complete 3x/week audit of bathrooms for 4 weeks, then reducing to 1x/week for 3 months. Noting any areas of non-compliance. Review with "sharps" policy in Aug training event on 8/27/25

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented () - 08/28/2025

88a - Surfaces

3. Requirements

88a - Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/23/25 at approximately 11:25 a.m., in room #201, belonging to resident [REDACTED] there was a medium sized hole in the drywall measuring approximately eight inches wide by six inches long located behind the recliner chair and to the left side of the resident's bed and nightstand.

Plan of Correction

Accept ([REDACTED]) - 08/08/2025)

Immediately, on Maintenance director patched/fixes the drywall whole. 8/5/25, Administrator completed audit of building walls where holes may be prevalent, especially behind chairs in residents rooms. On 8/27/25, education to be completed during educational event with staff to report any wholes in walls and to report to Maintenance Director or Administrator. Maintenance Director to complete the following audit starting week of 8/11/25: 1x/week for 4 weeks, then 2x/month for 6 months to ensure compliance with 88a.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([REDACTED]) - 08/28/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 7/23/25 at approximately 12:10 p.m., there was no operable source of light at bedside in resident room #122, belonging to resident [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 08/08/2025)

On 7/23/25, Maintenance Director immediately placed a light source in room #122 near bed. On 8/5/25, Admin audited each room to ensure light souce near every sleeping surface in each resident room . On 8/27/25, all staff to be trainied on 101j7 during monthly training, discussing importance of compliance and safety. Starting week of 8/11/25, Administrator will audit every room 3x/week for 3 weeks, then 2x/month for 4 months to ensure compliance of 101j7.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([REDACTED]) - 08/28/2025)

102i - Soap Dispenser

5. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 7/23/25 at approximately 11:30 a.m., on the second-floor secure dementia care unit (SCDU) community shower

102i - Soap Dispenser (continued)

area there was a bar of white-colored unlabeled hand soap sitting in the soap dish against the back shower wall.

Plan of Correction**Accept ([REDACTED] - 08/08/2025)**

On 7/23/25, Maintenance Director immediately removed unlabeled soap from community shower room. On 8/5/25, Administrator completed audit of both community bathrooms and shared bathroom, noting areas of non-compliance, issuing soap containers, label if required. On 8/27/25, staff training to review 102i regulation and impact on resident care. Starting 8/5/25, Administrator to complete 3x/week audit of bathrooms for 4 weeks, then reducing to 1x/week for 3 months. Noting any areas of non-compliance. Staff to document during rounds for the next 3 months that community bathrooms are free of items.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([REDACTED] - 08/28/2025)