

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

July 2, 2025

[REDACTED], SECRETARY/TREASURER
HERMITAGE AL, LLC
[REDACTED]
[REDACTED]

RE: THE ADDISON OF GARDEN WAY
PLACE
2400 GARDEN WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 45497

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2025 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: *THE ADDISON OF GARDEN WAY PLACE* License #: *45497* License Expiration: *04/30/2026*
 Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HERMITAGE AL, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/06/1998* Issued By: *City of Hermitage*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *04/16/2025*

Inspection Dates and Department Representative

04/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *47* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

04/16/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2025*

05/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/04/2025*

Inspections / Reviews *(continued)*

07/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff member A, who was hired on [REDACTED] received 10 hours of training in training year January to December 2024.

Plan of Correction

Accept ([REDACTED] - 05/21/2025)

Staff Member "A" completed additional training exceeding 12 hours. Training document placed in the employee file Completion 5/6/2025

Health and Wellness Director received training on Reg. 2600.65.e by the Executive Director, completed by 5/6/2025

The Executive Director or Designee will audit current employee files to verify compliance with staff trainings, completion by 5/9/25 and monthly thereafter until compliance is established.

The Executive Director will discuss the training audits during the Quality Assurance review with current Directors in attendance.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([REDACTED] - 07/02/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member A, who was hired on [REDACTED] did not receive training about residents with intellectual disabilities during training year January to December 2024. The home served 2 residents with intellectual disabilities in 2024.

Plan of Correction

Accept ([REDACTED] - 05/21/2025)

Staff member A completed training through Relias training on Mental illness and residents with intellectual disabilities. state regulation R2600.65f. Completion by 5/6/2025

An audit of current staff was completed by the Executive Director and designee to verify that the training on mental illness and residents with intellectual disabilities is in compliance for regulation 2600.65f. Completion date 5/9/2025

The Executive Director or designee will conduct an audit of newly hired staff Monthly to for compliance with training on mental illness and residents with intellectual disabilities per. state regulation R2600.65f Completion date by 5/16/2025

Current Directors will receive training by the Executive Director on Regulation 2600.65.f.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([REDACTED] - 07/02/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff member A, who was hired on [REDACTED] did not receive training on The Older Adult Protect Services Act in training year January to December 2024.

Plan of Correction

Accept ([REDACTED] - 05/21/2025)

Staff member "A" completed training on The Older Adult Protect Services Act. through PA Department of aging and training by the Health and Wellness Director on The Older Adult Protect Services Act slide show. Completion by 5/9/2025

The Executive Director /or Designee will audit current staff files to verify compliance with training on The Older Adult Protect Services Act then audits will be done monthly thereafter, until compliance is established. Completion by 5/16/2025 and ongoing.

The Executive Director will discuss the training audits during the quarterly Quality Assurance review with current Directors in attendance.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([REDACTED] - 07/02/2025)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:10 a.m., the lid of the kitchen garbage can was cracked and broken. The garbage can was half full.

Plan of Correction

Accept ([REDACTED] - 05/21/2025)

4/17/25 The Maintenance director ordered a new lid for the garbage can, on 4/19/25 the new lid was placed by the Plant Operations Director.

The Executive Director and/or Designee trained Dietary staff including the Dining Director on R 2600.85d . Completion by 5/6/2025

On 5/9/25 The Administrator and or Designee will audit the garbage receptacle lid to verify that the lid is not in disrepair, starting 5/12/25 ongoing weekly audits will be completed to ensure the Lid is not in disrepair

The Executive Director will discuss the audits during the quarterly Quality Assurance review with current Directors in attendance.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([REDACTED] - 07/02/2025)

85e - Trash Outside Home

5. Requirements

2600.

85e - Trash Outside Home (continued)

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:00 a.m., the lids of the dumpster were open and there was approximately 2 feet of garbage in it.

Plan of Correction

Accept (████ - 05/21/2025)

The Executive Director closed the dumpster lid. Completed 4/16/2025

Current staff will be in-serviced by the Executive Director and/or Designee on State Regulation R2600.85e Completion date by 5/16/2025

The Executive Director and/or Designee will audit the outside dumpster lid daily to verify compliance with lid closure until compliance is established. Ongoing

The Executive Director will discuss the audits during the quarterly Quality Assurance review with current Directors in attendance. Completion 5/16/25

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (████ - 07/02/2025)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have a three-day supply of nonperishable food.

Plan of Correction

Accept (████ - 05/21/2025)

On 4/24/25 The Dietary Director ordered and replaced the 3-day supply of nonperishable food and drinking water for residents.

The Executive Director and/or Designee will train the Dining Director on State Regulation R2600.107c. Completion 5/6/2025

On 5/9/25 The Administrator and/or Designee will audit the 3-day supply of nonperishable food and drinking water, when 100% compliant the audits will be monthly thereafter to ensure 100% compliance

The Executive Director will discuss the 3-day food supply audits during the quarterly Quality Assurance review with current Directors in attendance.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (████ - 07/02/2025)