

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

October 1, 2025

[REDACTED] DIRECTOR OF HEALTH AND WELLNESS
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 08/19/2025 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 UNIONTOWN* License #: *45502* License Expiration: *05/29/2026*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/19/2025*

Inspection Dates and Department Representative

08/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *47* Residents Served: *37*

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: *37*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

08/19/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2025*

Inspections / Reviews (*continued*)

09/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/08/2025

09/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2025

10/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires carbon monoxide detectors to be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The carbon monoxide detector located in the furnace room was installed approximately 8ft from the closest gas furnace.

Plan of Correction

Directed ([REDACTED] - 09/09/2025)

The carbon monoxide detector was removed from the furnace room on 8/19/2025.

On 8/19/2025 Director of Plant Operations placed the carbon monoxide detector in an area outside the furnace room suggested by the licensing representative which meets the regulation standard.

ED educated the Director of Plant Operations on the regulation on 8/20/2025. A record of completion will be maintained by the community. Director of Plant Operations reviewed all placement of the community's carbon monoxide detectors to ensure compliance with the regulation on 8/21/2025. A record of completion will be maintained by the community.

ED and/or designee will audit placement of the community's carbon monoxide detectors monthly for the next 3 months to ensure long term compliance with the regulation. A record of completion will be maintained by the community. (DIRECTED: The monthly audits shall begin on 9/15/25. At the conclusion of the monthly audits, quarterly audits of all carbon monoxide detectors shall immediately be implemented to ensure compliance with the Care Facility Carbon Monoxide Alarms Standards Act. [REDACTED] 9/9/25).

Proposed Overall Completion Date: 09/05/2025

Directed Completion Date: 09/15/2025

Implemented ([REDACTED] - 10/01/2025)

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

25b - Contract Signatures (continued)

Plan of Correction

Accept (█) - 09/09/2025)

Resident 1's contract was signed by the resident on 8/19/2025.

ED, Business Office Manager, and Community Relations Director were educated on the regulation on 8/21/2025. A record of completion will be maintained by the community.

An audit of all resident contracts was completed on 8/29/2025 to ensure compliance with regulation. A record of completion will be maintained by the community.

ED and/or designee will ensure that the next five new resident contracts are signed by all necessary parties with same day audits of signatures by second person to begin immediately on 8/31/2025. The second person will be someone other than the signer of the contract. A record of completion will be maintained by the community.

Proposed Overall Completion Date: 08/31/2025

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█) - 10/01/2025)

65f - Training Topics

3. Requirements

2600.

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

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff person A, hired on █ did not receive training on the following topics during the 2024 training year:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Safe management techniques

Plan of Correction

Directed (█) - 09/09/2025)

On 8/21/2025 staff person A was assigned in Relias, the community's educational site, the educational topics that were omitted for 2024 to be completed by 8/30/2025.

An audit of all the direct care staff training for 2024 was completed on 8/28/2025. A record of completion will be maintained by the community.

ED and/or designee assigned the annual direct care staff training that was omitted for 2024 to be completed by 9/30/2025. The list of the annual training requirements for direct care staff was submitted and populated into Relias on 8/28/2025 for all subsequent years to ensure ongoing compliance with regulation.

ED and/or designee will conduct an end-of-the-month audit of training documents of all direct care staff on

65f - Training Topics (continued)

training on topics specified in regulation to begin in September of 2025 and continue monthly for the next 3 months. A record of completion will be maintained by the community. (DIRECTED: Immediately following the 3 months of audits, the ED/designee shall audit all training records at least quarterly to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each training year. [REDACTED] 9/9/25).

Proposed Overall Completion Date: 09/05/2025

Directed Completion Date: 09/30/2025

Implemented ([REDACTED] - 10/01/2025)

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:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Humalog Kwikpen 100u/ml-Inject 5 units subcutaneously daily at 8:30am, inject 15 units subcutaneously daily at 11:30am and 4:30pm and inject 6 units subcutaneously as needed; however, the 6 units subcutaneously as needed portion of the order is not present on the pharmacy label of resident #2's Humalog.

Plan of Correction

Accept ([REDACTED] - 09/09/2025)

On 8/19/2025 physician discontinued PRN usage for Resident #2. On 8/20/2025 medications labels were reviewed by lead medication technician for accuracy for prescribed dosage and instructions for resident #2's and all other community residents that use Kwikpens. A record of completion will be maintained by the community.

On 8/22/2025 ED or designee educated all medication technicians on regulation. A record of completion will be maintained by the community.

On 8/27/2025 ED and/or designee completed an audit on all resident medication labels for accuracy to ensure compliance with regulation. A record of completion will be maintained by the community.

ED and/or designee will audit 5 random resident medication labels weekly for the next 4 weeks, to be completed by 9/30/2025. A record of completion will be maintained by the community. Thereafter, ED and/or designee will audit 5 random resident medication labels per month for the next 3 months to ensure ongoing compliance with regulation. A record of completion will be maintained by the community.

Proposed Overall Completion Date: 08/31/2025

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ([REDACTED] - 10/01/2025)