

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

October 7, 2025

[REDACTED]
ORION CARE LLC
[REDACTED]

RE: ORION PERSONAL CARE
2191 FERGUSON ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 45576

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025 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: *ORION PERSONAL CARE* License #: *45576* License Expiration: *07/09/2026*
 Address: *2191 FERGUSON ROAD, ALLISON PARK, PA 15101*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ORION CARE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/14/2024* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/26/2025*

Inspection Dates and Department Representative

08/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *11*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire Home* Capacity: *25* Residents Served: *11*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

08/26/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2025*

09/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/25/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2025*

Inspections / Reviews (*continued*)

09/15/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/25/2025

10/07/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The following instances of resident-to-resident abuse were not reported to the Department:

- On [redacted], resident [redacted] bit resident [redacted] on resident [redacted]’s right hand
- On [redacted], resident [redacted] grabbed resident [redacted] by resident [redacted]’s shirt and sweater and pulled them over resident [redacted]’s head
- On [redacted], resident [redacted] [redacted] resident [redacted] in the left temple, resulting in resident [redacted] being transported to the hospital
- On [redacted], resident [redacted] bit resident [redacted]

Plan of Correction

Directed [redacted] - 09/15/2025)

The Administrator [redacted]ment, Resident Care Coordinator [redacted] Senior Medical Tech [redacted] will be performing one-on-one training with all staff on abuse reporting and the guidelines in 2600.15. Training began on 8/26/2025 and was completed on 8/29/2025 by all staff members Documentation will be kept in training binder. Missing reports were submitted to DHS on 9/4/2025 by RCC and Administrator by email. Durning daily shift change meeting, we will now be including any reports or incidents that happened and confirm that the report has been sent if needed. (DIRECTED: Beginning on 9/17/25: The daily shift meetings shall include a review of all internal incidents to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours in accordance with 2600.16c. [redacted] 9/15/25). Administrator will also be conducting continued training with staff and all new employees. All training will be kept in training binder.

Proposed Overall Completion Date: 09/15/2025

Directed Completion Date: 09/17/2025

Implemented [redacted] - 10/07/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to numerous staff persons and resident progress notes, the following instances of resident-to-resident abuse occurred in the home:

- On [redacted] resident [redacted] bit resident [redacted] on resident [redacted]’s right hand
- On [redacted] resident [redacted] grabbed resident [redacted] by resident [redacted]’s shirt and sweater and pulled them over resident [redacted]’s head
- On [redacted] resident [redacted] [redacted] resident [redacted] in the left temple, resulting in resident [redacted] being transported to the hospital
- On [redacted], resident [redacted] bit resident [redacted]

42b Abuse (continued)

Plan of Correction**Directed** [REDACTED] - 09/15/2025)

The Administrator [REDACTED] and Senior Medical Tech [REDACTED] will be performing one on one training with all staff on Abuse as stated in 2600.42.b. All staff will be completing the training. This include all care staff, kitchen staff, and maintenance staff. Once the training is completed it will be placed in the training binder in the administrators office. The training was completed with all staff on 8/29/2025. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25). We will also be conducting ongoing training on how to prevent the behaviors listed above.

Resident with behaviors received continued supervision when out of private room. Metting was conducted with family PCP and Administrator on 8/27/2025. It was at that time that it was agreed that Orion could not meet residence needs and family started the search for a new home for their mother. Resident moved from Orion on 9/5/2025.

DIRECTED: By 9/25/25: The administrator shall develop and implement procedures for daily tracking of resident behaviors to ensure residents are free from abuse. Documentation of the tracking system shall be kept. The tracking system shall be reviewed by the administrator at least monthly and as needed to ensure resident supervision needs are appropriate and to ensure the home can still meet the residents' needs. All direct care staff persons shall be educated on the new system by 9/25/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25).

Proposed Overall Completion Date: 09/15/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] - 10/07/2025)

231b - Medical Evaluation

3. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, resident [REDACTED]'s medical evaluation was not completed on [REDACTED]. The entire home is licensed as a secured dementia care unit (SDCU).

Plan of Correction**Directed** [REDACTED] 09/15/2025)

Review of all current resident records was conducted and completed by RCC on 8/28/2025.

Orion will be receiving an audit by an independent company on 9/17/2025.

Training was scheduled for the RCC on 9/17/2025 but, [REDACTED] was terminated on 9/8/2025. Administrator will be receiving training on 9/17/2025.

Administrator/ RCC will be performing file audits every quarter to ensure compliance.

231b - Medical Evaluation (continued)

DIRECTED: By 9/25/25: The administrator shall develop and implement a new admission checklist to ensure timely and complete medical evaluations are obtained for all new admissions in accordance with 2600.231b. The completed checklists shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 9/25/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25

DIRECTED: Beginning on 9/26/25: The administrator shall review at least 3 different resident records per month to ensure compliance with 2600.231b. [REDACTED] 9/15/25

Proposed Overall Completion Date: 09/17/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] - 10/07/2025)

231c - Preadmission Screening**4. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, resident [REDACTED]'s cognitive preadmission screening was completed on [REDACTED], which exceeds 72 hours prior to admission.

Plan of Correction

Directed [REDACTED] - 09/15/2025)

Review of all current resident records was conducted and completed by RCC on 8/28/2025.

Orion will be receiving an audit by an independent company on 9/17/2025.

Training was scheduled for the RCC on 9/17/2025 but, [REDACTED] was terminated on 9/8/2025. Administrator will be receiving training on 9/17/2025.

Administrator/ RCC will be performing file audits every quarter to ensure compliance.

DIRECTED: By 9/25/25: The administrator shall develop and implement a new admission checklist to ensure timely and complete cognitive preadmission screenings are obtained for all new admissions in accordance with 2600.231c. The completed checklists shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 9/25/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25

DIRECTED: Beginning on 9/26/25: The administrator shall review at least 3 different resident records per month to ensure compliance with 2600.231c. [REDACTED] 9/15/25

Proposed Overall Completion Date: 09/17/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] - 10/07/2025)

234a - Admission Support Plan

5. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, resident [REDACTED]'s initial support plan was not completed until [REDACTED]

Plan of Correction

Directed [REDACTED] - 09/15/2025)

Review of all current resident records was conducted and completed by RCC on 8/28/2025.

Orion will be receiving an audit by an independent company on 9/17/2025.

Training was scheduled for the RCC on 9/17/2025 but, [REDACTED] was terminated on 9/8/2025. Administrator will be receiving training on 9/17/2025.

Administrator/ RCC will be performing file audits every quarter to ensure compliance.

DIRECTED: By 9/25/25: The administrator shall develop and implement a new admission checklist to ensure timely and complete support plans are obtained for all new admissions in accordance with 2600.234a. The completed checklists shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 9/25/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25

DIRECTED: Beginning on 9/26/25: The administrator shall review at least 3 different resident records per month to ensure compliance with 2600.234a. [REDACTED] 9/15/25

Proposed Overall Completion Date: 09/17/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] - 10/07/2025)

234b - Support Plan Needs Elements

6. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]. Since admission, resident [REDACTED] has been physically abusive towards residents on numerous occasions, to include the following occurrences; however, resident [REDACTED]'s support plan, dated [REDACTED], does not accurately reflect resident [REDACTED]'s behaviors and indicates resident [REDACTED] has infrequent periods of irritability, has minimal to no agitation and has periods of profanity and attitude related to aggression:

- On [REDACTED], resident [REDACTED] bit resident [REDACTED] on resident [REDACTED]'s right hand
- On [REDACTED], resident [REDACTED] grabbed resident [REDACTED] by resident [REDACTED]'s shirt and sweater and pulled them over resident [REDACTED]'s head
- On [REDACTED], resident [REDACTED] punched resident [REDACTED] in the left temple, resulting in resident [REDACTED] being transported to the hospital

234b - Support Plan Needs Elements (continued)

- On [REDACTED], resident [REDACTED] bit resident [REDACTED]

Plan of Correction**Directed [REDACTED] - 09/15/2025)**

Review of all current resident records was conducted and completed by RCC on 8/28/2025. The correction to Resident [REDACTED] support plan was made on 8/28/2025.

Orion will be receiving an audit by an independent company on 9/17/2025.

Training was scheduled for the RCC on 9/17/2025 but, [REDACTED] was terminated on 9/8/2025. Administrator will be receiving training on 9/17/2025.

Administrator will be conducting training on 9/18/2025 and another session on 9/19/2025 with all staff to discuss what constitutes a need to change a support plan and what information is needed.

Long term the new RCC will be reviewing all care plans every Quarter

DIRECTED: By 9/25/25: The administrator shall develop and implement procedures for updating resident support plans as resident care needs change. Documentation of the procedures shall be kept. All staff persons involved in generating and updating resident support plans shall be educated by the administrator on the new procedures by 9/25/25. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/15/25)

DIRECTED: Beginning on 9/26/25: The administrator shall review at least 3 different resident records per month to ensure compliance with 2600.234b. [REDACTED] 9/15/25

Proposed Overall Completion Date: 09/19/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] - 10/07/2025)