



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LGARPA CORP**

LEGAL ENTITY

To operate **SERENITY AT LGAR**

NAME OF FACILITY OR AGENCY

Located at **800 ELSIE STREET, TURTLE CREEK, PA 15145**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **40**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 19, 2025** until **September 19, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456950**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

Emailing Date: September 19, 2025

[REDACTED]
LGARPa Corp.
800 Elsie Street
Turtle Creek, Pennsylvania 15145

RE: Serenity at LGAR
License #: 45695

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 20, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License

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

Facility Information

Name: *SERENITY AT LGAR* License #: *456950* License Expiration:
Address: *800 ELSIE STREET, TURTLE CREEK, PA 15145*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *LGARPA CORP*
Address: *800 ELSIE STREET, TURTLE CREEK, PA, 15145*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *02/18/2025* Issued By: *Borough of Turtle Creek*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *08/20/2025*

Inspection Dates and Department Representative

08/20/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *40* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

08/20/2025 - Partial

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

Inspections / Reviews (*continued*)

09/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/08/2025

09/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/08/2025

09/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 Standard Act, enacted 9/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. If the carbon monoxide alarm operates by battery, the battery may not be removed for any length of time beyond that necessary to change the battery. The battery must be labeled with the date of the installation and replaced at least annually.

At 10:45 am, the 2 batteries in the carbon monoxide detector on the wall in the dining room were not dated when they were installed. There was a disconnected gas stove in the kitchenette in the dining room.

At 11:25 am, there were no batteries in the carbon monoxide detector on the wall in the main kitchen. There were a gas range and oven in the kitchen.

At 11:27 am, the 2 batteries in the carbon monoxide detector on the wall outside the main laundry room and the generator room were not dated when they were installed.

The Influenza Awareness Standards Act, enacted July 2016, requires homes to post a copy of the influenza poster in a public and conspicuous place. However, on 8/20/2025, a copy of the influenza poster was not posted in the home.

Plan of Correction

Accepted [redacted] - 09/02/2025)

In response to the violation on 08/20/2023 by the Pennsylvania Bureau of Human Service Licensing, action was taken immediately by Maintenance Director, [redacted]. New batteries were placed in the carbon monoxide detector on the wall in the dining room and the batteries were dated 08/20/2025. New batteries were installed in the carbon monoxide detector in the main kitchen and dated 08/20/2025. All carbon monoxide detectors have been checked for up to date batteries and any detectors out of compliance have been brought into compliance. Maintenance Director, or designee will check all carbon monoxide detectors, change batteries and date them as required. A sign off will be kept and monitored by the administrator. DIRECTED: Batteries will be changed at least annually or more frequently, if needed. [redacted] 9/2/25

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, action was taken by the administrator [redacted]. A copy of the influenza poster was posted on each side of the Nurse's Station in the middle of the home. Staff have been educated on The Influenza Awareness Standards Act, the importance of the poster and the requirement of the posting on 08/28/2025. The administrator or designee will monitor monthly that the posting remains in its location. Documentation of staff education is on file.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [redacted] - 09/17/2025)

85d - Trash Receptacles

2. 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 10:20 am, there were no lids on the trash cans in the common resident bathroom and the staff bathroom by the Nurses' Station.

Plan of Correction

Accept [redacted] - 09/02/2025)

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, action was taken by the Assistant Nursing Home Administrator Courtney Hamilton and trash cans with lids were purchased. The original trash cans were permanently removed and the new trash cans with lids were placed in both, the common resident bathroom and the staff bathroom by the Nurse's Station. The administrator or designee will monitor weekly that the trash cans in all bathrooms and kitchens have lids for 6 weeks.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [redacted] - 09/17/2025)

87 - Lighting

3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There was a red stop sign posted on the emergency exit leading to the courtyard.

Plan of Correction

Accept [redacted] - 09/02/2025)

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Assistant Nursing Home Administrator [redacted] and the stop sign was removed. Education was provided by the inspector [redacted] regarding the hazard posed by presence of the stop sign. CEO [redacted], Assistant Nursing Home Administrator [redacted] and Personal Care Home Administrator [redacted] were all present and understanding of the 2600.87 regulation. On 08/28/2025 administrator [redacted] provided a Plan of Correction education to the staff, including the 2600.87 regulation. Documentation of staff education is on file.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [redacted] - 09/17/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

At 10:00 am there was a coating of lint on 1/2 of the trap in the dryer on the unit. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] 09/02/2025)

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Assistant Nursing Home Administrator [REDACTED] and the lint was removed from the lint trap. Signage is posted on the dryer to remind the staff to empty the lint upon use of the dryer. The direct care staff will sign off that they have cleaned the lint trap after each use. The administrator or designee will monitor weekly for 6 weeks that the lint trap cleaning sign off is being utilized and the trap is clean. Documentation of staff education is on file.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [REDACTED] - 09/17/2025)

107a - Emergency Preparedness

5. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

At 10:15 am, the home did not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction

Accept [REDACTED] - 09/02/2025)

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken and upon collaboration of the Serenity at LGAR management team, the borough of Turtle Creek Emergency Preparedness Coordinator [REDACTED] and the inspectors [REDACTED], it was founded that the Allegheny County Emergency Preparedness Plan available on the county website is the best plan for Serenity at LGAR to keep on file. The Allegheny County Emergency Preparedness Plan was printed and placed in each of the red Emergency Preparedness binders by the administrator [REDACTED]. Staff were educated on 08/28/2025 on the addition made to the Emergency Preparedness binder. Documentation of staff education is on file.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [REDACTED] - 09/17/2025)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Three exits from the home as indicated below have a fence with a gate outside it that have "pool gate latches" that require reaching through the gate to unlatch and are difficult to open, thereby blocking egress from the home.

121a - Unobstructed Egress (continued)

- The exit door leading into the courtyard from the activities area which leads into the parking lot.
- The exit door at end of hallway by room #335 and the exit door at the end of the hallway by room #310, both of which also lead to the parking lot.

Plan of Correction

Directed [REDACTED] - 09/08/2025)

In response to the violation on 8/20/2025 by the Pennsylvania Bureau of Human Service Licensing, action was taken by the Maintenance Director and the gates were removed from outside of the exits at the end of the hallways by rooms #335, #310 and #325. The "pool latch" was removed from the gate leading from the courtyard to the parking [REDACTED] inside of the gate and staff will be educated on the use of the latch by 09/12/2025. This latch is easily opened with a single finger pushing up on the hook. The Maintenance Director will monitor the latch quarterly for ease of opening. During fire safety training upon hire, each new staff member will be oriented to the latch on the gate.

Within 14 days of receipt of the plan of correction - A latch that does not lock and is only designed to keep gates shut will replace any locking devices on the gates. -- [REDACTED] 9/8/25

Directed Completion Date: 09/12/2025

Implemented [REDACTED] - 09/17/2025)

233d - Electronic/Magnetic System

7. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

There is no electronic/magnetic locking system on the exit door leading into the courtyard from the activities area or on the gate outside this door, which leads into the parking lot.

In addition, there are 2 other exit doors that lead to the parking lot that are not locked with an electronic/magnetic locking system: The exit at end of hallway by room #335 and the exit door at the end of the hallway by room #310.

All three of these exits have a fence with a gate that with "pool gate latches" that require reaching through the gate to unlatch, thereby blocking egress from the home.

Plan of Correction

Directed [REDACTED] - 09/08/2025)

In response to the violation on 08/20/2025 by the Pennsylvania Bureau of Human Service Licensing, exit doors in the activity room, at the end of the hallway by room #335 and at the end of the hallway by room #310, had power run

233d - Electronic/Magnetic System (continued)

to all three exit doors by BC Electric on August 28, 2025. The first stage of installation of the three exit doors mag locks systems was on 9/2/2025. Our vendor, IES, is awaiting the final parts to complete the installation. IES has scheduled a technician to complete the installation of the maglocks by 09/12/2025. [REDACTED], Turtle Creek Borough Emergency Management Coordinator is on standby to inspect the new maglocks upon the completion of installation and will provide a letter of approval. The letter of approval will be submitted to the Pennsylvania Bureau of Human Service Licensing Department.

Within 30 days of receipt of the plan of correction - The home will ensure electronic locks are installed on all of the identified exit doors.

Within 30 days of receipt of the plan of correction - The home will obtain written approval of the locking system by the local municipality or PA Department of Labor and Industry, to include the additional on the new locks on the exit doors identified above. - [REDACTED] 9/8/25

Within 14 days of receipt of the plan of correction - A latch that does not lock and is only designed to keep gates shut will replace any locking devices on the gates. -- [REDACTED] 9/8/25

Directed Completion Date: 09/19/2025

Implemented [REDACTED] - 09/17/2025)