



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [eveningstarcare@gmail.com](mailto:eveningstarcare@gmail.com)

MAILING DATE: February 21, 2020

Mr. Anthony Kiarie  
President  
Evening Star, LLC  
200 Caldwell Avenue  
Wilmerding, Pennsylvania 15148

RE: Evening Star Personal Care Home  
Certificate #: 447150

Dear Mr. Kiarie:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 27, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

2/18/2020

Western Region Field Office  
Bureau of Human Services Licensing

## Facility Information

Name: *EVENING STAR PERSONAL CARE HOME*  
Address: *200 CALDWELL AVENUE,, WILMERDING, PA 15148*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *44715*

## Administrator

Name: *Anthony Kiarie*                      Phone: *4128231654*                      Email: *EVENINGSTARCARE@GMAIL.COM*

## Legal Entity

Name: *EVENING STAR LLC*  
Address: *200 CALDWELL AVENUE, WILMERDING, PA, 15148*

## Certificate(s) of Occupancy

Type: *C-2 LP*                      Date:                      Issued By:

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *15*                      Waking Staff: *11*

## Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Complaint*

## Inspection Dates and Department Representative

*01/27/2020 - On-Site: Amy Duncan*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *19*                      Residents Served: *14*

### Secured Dementia Care Unit

In Home: *No*                      Area:                      Capacity:                      Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *3*                      Are 60 Years of Age or Older: *14*  
Diagnosed with Mental Illness: *1*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1*                      Have Physical Disability: *0*

42r - Visitation

Regulations

2600.

42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Description of Violation

In September 2019, a visitor came to the home to visit resident #1; however, direct care staff person A would not allow the visitor visit with the resident.

Plan of Correction (POC)

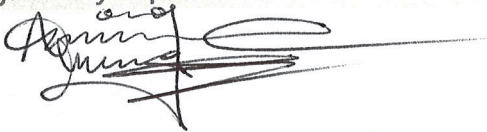
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediately the Administrator held an inservice, re-educated DCS on resident rights pertaining visitation. POA powers as defined by the legal document. Residents MUST have a minimum of 12 hours daily/7 days a week visitation. Attached in the inservice sheet.

Concerned party was mailed a letter. See attached letter.

Administrator educated DCS in the future, home MUST allow resident's visitation without interference.

Legal Entity Representative



ANTHONY M KLARIE - PCHA

2/18/2020

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/18/2020 (Date)

Plan of correction implementation status as of 2/18/2020 (Date)

The above plan of correction was approved by LIM (Initials)

Implemented  
 Not Implemented