



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EVENING STAR LLC**  
LEGAL ENTITY

To operate **EVENING STAR PERSONAL CARE HOME**  
NAME OF FACILITY OR AGENCY

Located at **200 CALDWELL AVENUE, WILMERDING, PA 15148**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **19**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

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 **December 5, 2021** until **December 5, 2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447150**

*Janette Biderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
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

September 7, 2021

Evening Star LLC  
200 Caldwell Avenue  
Wilmerding, Pennsylvania 15148

RE: Evening Star Personal Care Home  
Certificate #: 447150

Dear Evening Star LLC:

The Department has received your August 31, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Evening Star Personal Care Home within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarheadquarters@state.pa.us](mailto:ra-pwarheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE  
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE  
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

<b>TYPE OR USE PEN, SIGN AND RETURN</b>				<b>4021000343</b>
<b>IDENTIFICATION</b>				
1. NAME OF AGENCY/FACILITY <b>EVENING STAR PERSONAL CARE HOME</b>			TELEPHONE NUMBER <b>(412) 823-1654</b>	
FACILITY ADDRESS <b>200 CALDWELL AVENUE, WILMERDING PA 15148</b>		E-MAIL FOR FACILITY (NOT the WEB site URL) <b>EVENINGSTARCARE@GMAIL.COM</b>	3. COUNTY <b>190619</b>	
2. NAME OF LEGAL ENTITY <b>EVENING STAR LLC</b>			TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>200 CALDWELL AVENUE WILMERDING PA 15148</b>		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>EVENINGSTARCARE@GMAIL.COM</b>	4. DATE CERTIFICATE EXPIRES <b>12/05/2021</b>	
			5. CERTIFICATE NUMBER <b>447150</b>	
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE				
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>			FEIN OR SSN <b>201-78-7001</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>✓ # 1423 \$15.-</b>				
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT		10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO				
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2201-2225)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO				

**RECEIVED**

**AUG 31 2021**

**Human Services Licensing**

**DECLARATION**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

<p><b>ANTHONY M KIARIE</b> _____ NAME (Type or Print)</p> <p><b>CEO/PRESIDENT/PCHA</b> _____ TITLE</p>	<p> _____ SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE (Where the legal entity is a corporation, the signature must be of a corporate officer.)</p> <p><b>8/24/21</b> _____ DATE</p>
--	--