

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

July 12, 2023

[REDACTED], OWNER  
STERLING HOME LLC  
[REDACTED]

RE: STERLING HOME  
1318 ARCH STREET  
MCKEESPORT, PA, 15132  
LICENSE/COC#: 45269

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/14/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *STERLING HOME* License #: *45269* License Expiration: *11/09/2023*  
 Address: *1318 ARCH STREET, MCKEESPORT, PA 15132*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *STERLING HOME LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *01/30/2023* Issued By: *Labor & Industry*  
 Type: *C 2 LP* Date: *08/22/2001* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint, Provisional, Incident, Fine, Monitoring* Exit Conference Date: *06/14/2023*

**Inspection Dates and Department Representative**

*06/14/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *42* Residents Served: *33*

**Secured Dementia Care Unit**  
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *33* Are 60 Years of Age or Older: *27*  
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *12*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

*06/14/2023 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND