

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

August 14, 2023

[REDACTED], CEO/PRESIDENT/ADMINISTRATOR  
EVENING STAR LLC  
200 CALDWELL AVENUE  
WILMERDING, PA, 15148

RE: EVENING STAR PERSONAL CARE  
HOME  
200 CALDWELL AVENUE  
WILMERDING, PA, 15148  
LICENSE/COC#: 44715

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/08/2023 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: *EVENING STAR PERSONAL CARE HOME* License #: *44715* License Expiration: *12/05/2023*  
 Address: *200 CALDWELL AVENUE, WILMERDING, PA 15148*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *EVENING STAR LLC*  
 Address: *200 CALDWELL AVENUE, WILMERDING, PA, 15148*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *06/16/2016* Issued By: *Wilmerding Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *08/08/2023*

**Inspection Dates and Department Representative**

*08/08/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *19* Residents Served: *15*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *1*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *15*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *1*

**Inspections / Reviews**

*08/08/2023 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND