

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

January 8, 2024

[REDACTED] LEGAL ENTITY REPRESENTATIVE
ABODE CARE OF MONROEVILLE LLC
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146

RE: ABODE CARE OF MONROEVILLE
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45119

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/03/2024 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: *ABODE CARE OF MONROEVILLE* License #: *45119* License Expiration: *08/13/2024*
 Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ABODE CARE OF MONROEVILLE LLC*
 Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/04/2012* Issued By: *Municipality of Monroeville*

Staffing Hours

Resident Support Staff: Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *66* Residents Served: *36*

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

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

01/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND