

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

January 22, 2024

[REDACTED]  
NEW LIFE PERSONAL CARE HOME, INC.  
[REDACTED]

RE: NEW LIFE PERSONAL CARE  
2521 VERSAILLES AVENUE  
MCKEESPORT, PA, 15132  
LICENSE/COC#: 43121

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *05/28/2024*  
 Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *NEW LIFE PERSONAL CARE HOME, INC.*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/24/1990* Issued By: *Labor & Industry*  
 Type: *Other* Date: *11/20/1996* Issued By: *City of McKeesport*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Fine* Exit Conference Date: *12/14/2023*

**Inspection Dates and Department Representative**

12/14/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *18* Residents Served: *16*

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

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *14*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *15*

**Inspections / Reviews**

12/14/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2024*

01/18/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/22/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2024*

Inspections / Reviews (*continued*)

## 01/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/22/2024  
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document  
Submission*

## 01/22/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 01/22/2024  
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*The most recent assessment completed for resident [REDACTED] was on 5/16/15.*

*The assessment, dated 8/30/23, for resident [REDACTED] does not include the diagnoses of COPD, neurocognitive disorder and colon polyps, that are indicated on the medical evaluation, dated 8/30/23.*

*The assessment, dated 11/21/23, for resident [REDACTED] does not include the diagnoses of dementia and anxiety, as indicated on the medical evaluation, dated 11/21/23 and was missing pages 4 and 7.*

**Plan of Correction****Accept [REDACTED] - 01/22/2024)**

*On 1/10/24 the admin was notified of errors with resident's [REDACTED] and [REDACTED] diagnosis not recorded on the assessments. Admin will check forms after completion of each assessment. DCS will double check assessments for completeness after the admin.*

**Licensee's Proposed Overall Completion Date: 01/21/2024**

**Implemented [REDACTED] - 01/22/2024)**