



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EBONY'S ENTERPRISES**

LEGAL ENTITY

To operate **EBONY'S PERSONAL CARE**

NAME OF FACILITY OR AGENCY

Located at **2521 VERSALLIES AVE, MCKEESPORT, PA 15132**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 **18**
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 **May 28, 2025** until **May 28, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456340**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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

Emailing Date: May 28, 2025

[REDACTED]
Ebonys Enterprises
[REDACTED]

RE: Ebony's Personal Care
2521 Versailles Avenue
McKeesport, Pennsylvania 15132
License #: 45634

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 29, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes or assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License

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

Facility Information

Name: *EBONY'S PERSONAL CARE* License #: *45634* License Expiration:
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EBONYS ENTERPRISES*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/10/2025* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Complaint, Change Legal Entity* Exit Conference Date: *04/29/2025*

Inspection Dates and Department Representative

04/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *11*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/29/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2025*

Inspections / Reviews (*continued*)

05/20/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/20/2025
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

05/20/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 05/20/2025
Reviewer: [REDACTED] Follow-Up Type: *Exception*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarms Standards Act, Section 3(b)(3), the battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. However, on 4/29/25, the batteries in the home's carbon monoxide detector located in the stairwell between the 1st floor and outside exit were dated 3/30/24.

Plan of Correction

Accept ([redacted] - 05/19/2025)

On April 29, 2025, it was noted that the batteries in the carbon monoxide detector located in the stairwell between the first floor and the outside exit were labeled with the installation date of March 30, 2024, which exceeds the one-year replacement requirement outlined in Section 3(b)(3) of the Care Facility Carbon Monoxide Alarms Standards Act. As a corrective action, the batteries were promptly replaced on May 19, 2025, and labeled with the new installation date. To prevent future occurrences, Ebony's Blessings Personal Care Home has implemented a maintenance log to track all battery replacements and established a reminder system to alert the administrator 30 days prior to the annual replacement deadline. Additionally, staff responsible for maintenance and safety will receive training on proper compliance with carbon monoxide detector requirements. This plan of correction will be overseen by [redacted] Administrator.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [redacted] - 05/20/2025)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There were 2 bottles of poisons that were not stored in their original, labeled containers. According to staff person A, the clear liquid in the 32 ounce spray bottle with a partially hand labeled sticker, ODO-Ban cleaner mixed with water, and a brown liquid in an unlabeled 32 ounce spray bottle was griddle cleaner. The spray bottles were located in the kitchen closet.

Plan of Correction

Accept [redacted] - 05/19/2025)

As a corrective action, on April 29, 2025, [redacted], Administrator, printed a clear, professional label for the spray bottle containing the Odo-Ban cleaner and water mixture and securely placed it on the bottle to ensure proper identification. The label included the product name and intended use. For the griddle cleaner, the substance was returned to its original, properly labeled manufacturer container on May 19, 2025, in compliance with regulatory standards. Staff were instructed that all poisonous materials must remain in their original containers whenever possible. In cases where transferring to a secondary container is necessary for operational use, staff are required to print and affix a full product label that includes the name of the chemical, purpose, and any relevant warnings. This procedure ensures the facility remains in compliance with safety regulations and reduces the risk of accidental misuse or exposure.

82a - Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:51 a.m. and throughout the day, there was a pungent odor of urine in the 2nd floor common bathroom.

Plan of Correction Accept [REDACTED] - 05/19/2025)

On April 29, 2025, at 9:51 a.m. and throughout the day, a pungent odor of urine was detected in the 2nd floor common bathroom, violating 55 Pa. Code § 2600.85(a), which requires that sanitary conditions be maintained. As an immediate corrective action, the bathroom was deep cleaned and disinfected on April 29, 2025, using an odor-neutralizing disinfectant on all surfaces, fixtures, and flooring. To prevent recurrence, the cleaning schedule will be revised by May 19, 2025, to include mid-day and evening checks, ensuring consistent maintenance of sanitary conditions. Staff will also receive refresher training on bathroom sanitation and infection control procedures by May 19, 2025, led by Administrator [REDACTED], who will maintain training records. Beginning the week of May 20, 2025, a designated staff supervisor will conduct weekly inspections of all common bathrooms, documenting findings and reporting any concerns. [REDACTED] will be responsible for overseeing the implementation and ongoing monitoring of this plan to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

85b - Infestation

4. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

There were numerous mouse droppings on the floor surrounding six 5-gallon jugs of emergency water located in the dry food storage area of the basement.

Plan of Correction Accept [REDACTED] - 05/20/2025)

On April 29, 2025, numerous mouse droppings were discovered on the floor surrounding six 5-gallon jugs of emergency water in the dry food storage area of the basement, posing a sanitation and health concern. As an immediate corrective action, the area was thoroughly swept and cleaned the same day to remove all visible droppings and debris. A professional pest control service has already been completed to address any rodent activity in the area. To prevent recurrence, [REDACTED] Administrator, will oversee the implementation of a weekly inspection schedule for all storage areas, including the basement, to ensure cleanliness and detect any signs of pests. These inspections will begin on May 19, 2025, and be documented in a sanitation log. The Administrator and designated staff will continue to monitor the area regularly and report any signs of contamination. [REDACTED]

85b - Infestation (continued)

will be responsible for ensuring all corrective measures are followed, with full completion of this plan of correction by May 19, 2025.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [redacted] - 05/20/2025)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The walls were covered in a layer of grime in the 2nd floor common bathroom. There was also an approximate 3" cobweb on the wall above the toilet.

There was an approximate 1/4" layer of dust on the blinds hanging in the 2nd floor common bathroom window.

There was an approximate 6" by 8" portion of tile missing on the wall between the sink and toilet in the 2nd floor common bathroom.

Plan of Correction

Accept [redacted] - 05/20/2025)

As corrective actions, the walls in the 2nd floor common bathroom were wiped down to remove the grime, the cobweb above the toilet was removed, the dusty blinds were taken down, and the missing 6" by 8" section of tile between the sink and toilet was replaced. Staff will clean and inspect the bathroom daily to ensure it remains clean and in good repair. All corrective actions were completed by Ebony Morant, Administrator, on April 29, 2025.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [redacted] - 05/20/2025)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

None of the required telephone numbers were posted on or by the telephone in the kitchen.

Plan of Correction

Accept [redacted] - 05/20/2025)

As a corrective action, the required emergency telephone numbers—including the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and the personal care home complaint hotline—were printed and posted on the bulletin board closest to the telephone in the kitchen. This

91 - Telephone Numbers (continued)

ensures immediate visibility and access to critical emergency contacts, in compliance with 55 Pa. Code § 2600.91. The corrective action was completed by [REDACTED], Administrator, on April 29, 2025.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

92 - Windows

7. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There were no screens in the two windows located in bedroom 1.

There were no screens in the 1st and 5th windows located in bedroom 3.

There was no screen in the window on the left in bedroom 7.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

During inspection, it was observed that there were no screens in the two windows located in bedroom 1, the 1st and 5th windows in bedroom 3, and the window on the left in bedroom 7. As a corrective action, on May 19, 2025, the facility's handyman either sealed the identified windows shut or installed proper screens to prevent the risk of insects entering the home and to maintain a safe and secure environment for residents. This ensures that no window is operable without an appropriate screen in place, addressing the immediate concern. [REDACTED], Administrator, will ensure that any future window maintenance includes either the installation of proper screens or the secure sealing of windows to remain in compliance.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [REDACTED] - 05/20/2025)

93a - Handrails

8. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The interior handrail leading downstairs from exit A to the landing was not secure at the top of the stairs. There was a screw sticking out of a bracket resulting in the handrail moving approximately 1/4" up and down.

The interior handrail leading from the landing in exit A to the 1st floor was not secure to the wall and pulls away from the wall approximately 1/2" back and forth.

93a - Handrails (continued)

The interior handrail for the stairs across from room 6 leading to the 1st floor was not secured to the wall at the top of the stairs and moves approximately 1/2" back and forth.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

As corrective actions, all three interior handrails identified were repaired to ensure they are properly secured to the walls. The handrail leading downstairs from exit A to the landing was fixed by tightening the loose bracket and securing the screw, eliminating the 1/4" movement. The handrail from the landing in exit A to the 1st floor was reinforced to prevent the 1/2" shift away from the wall. Additionally, the handrail for the stairs across from room 6 leading to the 1st floor was secured at the top of the stairs to eliminate its movement. All repairs will be completed on May 19, 2025. To ensure ongoing safety and compliance, staff and the Administrator, [REDACTED], will check the handrails weekly.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

95 - Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Approximately half of the sink filled with water while the water was running and drained extremely slow in the sinks located in in the 1st floor common bathroom and in the 2nd floor common bathroom.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

It was observed that the sinks in both the 1st floor and 2nd floor common bathrooms were draining extremely slowly, with approximately half of the sink filling with water while running. As a corrective action, the drainage issues in both sinks have been resolved, and the water is now running and draining smoothly. [REDACTED], Administrator, confirmed that the sinks were cleared and are functioning properly. Staff have been instructed to report any future drainage issues immediately so they can be addressed without delay. Regular checks of all bathroom fixtures will be conducted to ensure proper operation.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

103d - Storing Food Off Floor

10. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 10:41 a.m., there was a 5-gallon jug of water stored on the floor in the dry food storage area of the basement.

103d - Storing Food Off Floor *(continued)***Plan of Correction**

Accept [REDACTED] - 05/20/2025)

At 10:41 a.m. on April 29, 2025, a 5-gallon jug of water was observed stored directly on the floor in the dry food storage area of the basement, which is not in compliance with proper storage practices. As a corrective action, the water jug was immediately removed from the floor and placed on an appropriate elevated surface. [REDACTED], Administrator, has confirmed that no food or water items are currently stored directly on the floor. Staff have been instructed that all food and water supplies must be stored at least six inches off the floor at all times to maintain sanitation and prevent contamination. Ongoing compliance will be monitored by the Administrator during weekly storage area checks.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

103g - Storing Food

11. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an unsealed 10-pound bag of pancake mix and unsealed 10-pound bag of sugar in the cabinet above the coffee pot in the kitchen.

There was an unsealed plastic bag containing 7 sausage patties in the stainless-steel refrigerator freezer located in the basement.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

As a corrective action, all unsealed food items—including the 10-pound bag of pancake mix and the 10-pound bag of sugar found in the cabinet above the coffee pot, as well as the unsealed plastic bag containing seven sausage patties in the basement refrigerator freezer—were immediately sealed to maintain food safety and sanitation standards. Going forward, all food items will be properly stored in sealed containers, Ziploc bags, or secured with clips to prevent contamination. Staff have been instructed to ensure that all open food is either closed tightly or placed in an appropriate storage container immediately after use. Ebony Morant, Administrator, will oversee compliance and reinforce these food safety practices during routine kitchen checks.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)

105g - Lint Removal and Duct Cleaning

12. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

At 10:35 a.m., there was an approximate 1/2-inch accumulation of lint in the lint trap of the dryer in the basement.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

As a corrective action, the accumulated lint was immediately removed from the lint trap and from the drum of the dryer to reduce the risk of fire hazards. Staff have been instructed to remove lint from the lint trap after each use, in accordance with the manufacturer's instructions. Additionally, [REDACTED], Administrator and staff will conduct weekly checks of the clothes dryers to ensure that the lint trap, vent duct, and internal/external ductwork remain free of lint buildup.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/20/2025)