

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

September 15, 2025

[REDACTED] ADMINISTRATOR

MICHAEL M TROSIEK JR  
[REDACTED]

RE: TROSIEK'S PERSONAL CARE HOME  
214 SECOND STREET  
NEW SALEM, PA, 15468  
LICENSE/COC#: 45026

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2025 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: *TROSIEK'S PERSONAL CARE HOME* License #: *45026* License Expiration: *02/08/2026*  
 Address: *214 SECOND STREET, NEW SALEM, PA 15468*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *MICHAEL M TROSIEK JR*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *12/15/1986* Issued By: *PA Dept L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/28/2025*

**Inspection Dates and Department Representative**

07/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *13* 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: *10* Are 60 Years of Age or Older: *10*  
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/28/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/25/2025*

**08/25/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/02/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/28/2025*

Inspections / Reviews *(continued)*

09/15/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/02/2025

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 08/25/2025)

Resident 1 was scheduled for an appointment with their primary care physician prior to the medical evaluation due date, but the appointment had to be cancelled. All of the residents were not able to leave the home for at least 14 days after the house was exterminated due to a bed bug found on one of the other residents when they had arrived at their daily programming. Resident 1's Case Manager cancelled the appointment and rescheduled for the next available which was not until [REDACTED]

The Administrator will make sure that all residents are scheduled for their medical evaluation prior to their due date. If a situation would occur and the resident cannot make the scheduled appointment, the administrator will schedule another appointment right away for the resident.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented ( [REDACTED] - 09/15/2025)