

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

August 28, 2025

[REDACTED]  
HILLSIDE MANOR PERSONAL CARE HOME INC  
[REDACTED]

RE: HILLSIDE MANOR PERSONAL CARE  
HOME  
177 OLIVER ROAD  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 46799

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/15/2025 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: *HILLSIDE MANOR PERSONAL CARE HOME* License #: *46799* License Expiration: *04/16/2026*  
 Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/17/1996* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *08/15/2025*

**Inspection Dates and Department Representative**

*08/15/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *76* Residents Served: *39*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *13*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

**Inspections / Reviews**

*08/15/2025 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND