

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

September 29, 2025

[REDACTED]
DOROTHY WHITEHEAD
[REDACTED]

RE: WHITEHEAD PERSONAL CARE
HOME II
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697
LICENSE/COC#: 42814

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/28/2025 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: *WHITEHEAD PERSONAL CARE HOME II* **License #:** *42814* **License Expiration:** *05/28/2026*
Address: *517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697*
County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

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

Legal Entity

Name: *DOROTHY WHITEHEAD*
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *08/10/1988* **Issued By:** *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *15* **Waking Staff:** *11*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Complaint* **Exit Conference Date:** *08/28/2025*

Inspection Dates and Department Representative

08/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* **Residents Served:** *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* **Are 60 Years of Age or Older:** *13*
Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability:** *7*
Have Mobility Need: *0* **Have Physical Disability:** *1*

Inspections / Reviews

08/28/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *Not Required*

NO DEFICIENCIES FOUND