

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

January 9, 2026

[REDACTED], ADMINISTRATOR  
LIFE S PROMISE PCH INC  
[REDACTED]

RE: LIFE'S PROMISE PERSONAL CARE  
HOME  
2053 STATE ROUTE 711  
LIGONIER, PA, 15658  
LICENSE/COC#: 44839

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/07/2026 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: *LIFE'S PROMISE PERSONAL CARE HOME* License #: *44839* License Expiration: *03/13/2026*  
 Address: *2053 STATE ROUTE 711, LIGONIER, PA 15658*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *LIFE S PROMISE PCH INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/03/2013* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/07/2026*

**Inspection Dates and Department Representative**

*01/07/2026 - 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: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

*01/07/2026 - Full*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**