

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

March 10, 2026

[REDACTED]
WILLIAM PENN HEALTH CARE ASSOCIATES LP
[REDACTED]

RE: WILLIAM PENN SENIOR SUITES
AND PERSONAL CARE
1021 WALTON ROAD
JEANNETTE, PA, 15644
LICENSE/COC#: 44425

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/20/2026 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: WILLIAM PENN SENIOR SUITES AND PERSONAL CARE **License #:** 44425 **License Expiration:** 09/23/2026
Address: 1021 WALTON ROAD, JEANNETTE, PA 15644
County: WESTMORELAND **Region:** WESTERN

Administrator

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

Legal Entity

Name: WILLIAM PENN HEALTH CARE ASSOCIATES LP
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 01/20/2026

Inspection Dates and Department Representative

01/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108 **Residents Served:** 42

Secured Dementia Care Unit

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

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 7 **Are 60 Years of Age or Older:** 42
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 12 **Have Physical Disability:** 1

Inspections / Reviews

01/20/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/21/2026

02/24/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/06/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/14/2026

Inspections / Reviews *(continued)*

03/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], direct care staff A observed direct care staff B providing care to resident [REDACTED] roughly, "flinging the resident around like a rag doll while getting [REDACTED] dressed". Later, direct care staff B and A were providing continence care to resident [REDACTED] in the resident's private bathroom at approximately 7:00 p.m. Direct care staff A instructed direct care staff B, how to transfer [REDACTED] from the wheelchair to the toilet with one staff person and then asked if direct care staff B was ok to transfer the resident onto the toilet from [REDACTED] wheelchair and then stepped out of the room. Upon returning to the room, direct care staff A found resident [REDACTED] sitting in the wheelchair, very upset and in pain due to a skin tear to the resident's left hand. Direct care staff B continued to work until the end of [REDACTED] shift at 10:00 p.m. Direct care staff A did not report this to the local area agency on aging until approximately 8:00 a.m. on [REDACTED]

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: It was reported immediately after Administration was made aware on 1/12/2026.

ACTION: On 1/12/2026 and 1/20/2026 PC Administrator educated staff A on 2600.15a on reporting abuse protocol. All staff were educated on 2/3/2026 to ensure compliance with regulations. Documentation will be kept.

ACTION PLAN: On 2/3/2026 all staff were educated by Karen Slater from the Area Agency on Aging. Documental will be kept.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/10/2026)

15b Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], direct care staff A observed direct care staff B providing care to resident [REDACTED] roughly, "flinging the resident around like a rag doll while getting [REDACTED] dressed". Later, direct care staff B and A were providing continence care to resident [REDACTED] in the resident's private bathroom at approximately 7:00 p.m. Direct care staff A instructed direct care staff B, how to transfer [REDACTED] from the wheelchair to the toilet with one staff person and then asked if direct care staff B was ok to transfer the resident onto the toilet from [REDACTED] wheelchair and then stepped out of the room. Upon returning to the room, direct care staff A found resident [REDACTED] sitting in the wheelchair, very upset and in pain due to a skin tear to the resident's left hand. Direct care staff B continued to work until the end of [REDACTED] shift at 10:00 p.m.

Direct care staff B continued to work until the end of [REDACTED] shift at approximately 11:00 p.m.

Repeat Violation: [REDACTED]

15b Supervisor Plan (continued)

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: It was reported immediately after Administration was made aware on 1/12/2026 at that time the employee was contacted to not return to work until investigation was complete.

ACTION: On 1/12/2026 and 1/20/2026 PC Administrator educated staff A on 2600.15b on reporting abuse protocol. All staff were educated on 2/3/2026 to ensure compliance with regulations. Documentation will be kept.

ACTION PLAN: On 2/3/2026 all staff were educated by Karen Slater on 2600.15b on reporting abuse from the Area Agency on Aging. Documental will be kept.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/10/2026)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED]'s initial assessment and support plan, dated [REDACTED], indicates the resident requires total physical assistance with toileting and some physical assistance with Transferring in/out of bed/chair "resident is able to bare weight cannot transfer independently due to balance issues DCS will assist resident to transfer with the assist of two direct care staff (DCS)"

However, according to multiple staff interviews, direct care staff B and A were providing continence care to resident [REDACTED] in the resident's private bathroom at approximately 7:00 p.m. Direct care staff A instructed direct care staff B, how to transfer the resident from the wheelchair to the toilet with one staff person. [REDACTED] then asked if direct care staff B was ok to transfer the resident onto the toilet from [REDACTED] wheelchair and then stepped out of the room. Upon returning to the room, direct care staff A found resident [REDACTED] sitting in the wheelchair, very upset and in pain due to a skin tear to the resident's left hand.

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: On 1/12/2026 it was reviewed with both staff A (in person) and B (via telephone) that resident [REDACTED] was a two assist for all transfers.

ACTION: On 1/20/2026 PC Administrator and Wellness Director were educated 2600.23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

On February 24,2026 all employees will be educated on 2500.23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Documentation will be kept.

ACTION PLAN: On February 24,2026 all employees will be educated on 2500.23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/10/2026)

23a - Activities of Daily Living Assistance (continued)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff person A indicates resident [REDACTED] requires the assistance of two staff persons for transfers.

Resident [REDACTED] initial resident assessment and support plan, dated [REDACTED], indicates [REDACTED] requires some physical assistance in transferring in/out of bed/chair. To meet this need, two staff persons will assist with transfers.

On [REDACTED] after dinner while assisting resident [REDACTED] in changing [REDACTED] clothes to go to bed, staff person A observed staff person B roughly place resident [REDACTED] into [REDACTED] wheelchair, transporting [REDACTED] in [REDACTED] chair, "Kind of flinging [REDACTED] around like a rag doll, getting [REDACTED] dressed."

On [REDACTED] at approximately 7:00 p.m. while providing continence care to resident [REDACTED] in the resident's private bathroom, staff person A instructed staff person B regarding how to transfer [REDACTED] from the wheelchair to the toilet with one staff person. Staff person A asked staff person B if they were ok with transferring resident [REDACTED] onto the toilet from [REDACTED] wheelchair, and staff person B nodded. Staff person A stepped out of the room, and upon returning approximately 30 seconds later, found resident [REDACTED] with blood on [REDACTED] left hand, sitting in the wheelchair, yelling for help, very upset, and in pain due to a skin tear to [REDACTED] left hand.

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: It was reported immediately after Administration was made aware on 1/12/2026 at that time the employee was contacted to not return to work until investigation was complete.

ACTION: On 1/12/2026 and 1/20/2026 PC Administrator educated staff A on 2600.42b on reporting abuse protocol. All staff were educated on 2/3/2026 to ensure compliance with regulations. Documentation will be kept.

ACTION PLAN: On 2/3/2026 all staff were educated by Karen Slater on 2600.42b on reporting abuse from the Area Agency on Aging. Documental will be kept.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] 03/10/2026)

51 - Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff A was hired [REDACTED]. However, the staff's criminal background check was conducted on [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: On 1/20/2026 PC Administrator and Human Resources were educated on Direct Care Staff A was rehired 12/1/2025 and no criminal background check needed to be complete.

ACTION: On 1/26/2026 PC Administrator obtained a criminal background check for direct care staff. All employee

51 - Criminal Background Check (continued)

records were audited for criminal history. Documentation will be kept.

ACTION PLAN: On 1/26/2026 All new hires will be audit and recorded to ensure criminal history checks are completed upon hire date by PC Administer.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [redacted] - 03/10/2026)

54a - Direct Care Staff

6. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff B, hired [redacted], provides direct care to residents. However, the staff person's diploma is from a high school outside of the United States, and the home does not have a waiver from the Department.

Plan of Correction

Accept [redacted] - 02/24/2026)

IMMEDIATE ACTION: On 1/20/2026 PC Administrator and Human Resources were educated on Direct Care Staff B needing a waiver from the department when obtaining a diploma from outside the United States. Direct care Staff b was terminated prior to 1/20/2026 for not following Residents Care Plan.

ACTION: Direct care Staff b was terminated prior to 1/20/2026 for not following Residents Care Plan.

ACTION PLAN: We will obtain waiver when and if an employee is hired with a diploma outside the United States.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [redacted] 03/10/2026)

65a - FS Orientation 1st Day

7. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff A, hired [redacted], did not receive orientation training on or before [redacted] first day of work in the following topics:

- 1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services

Direct care staff B, hired [REDACTED], did not receive orientation training on or before [REDACTED] first day of work in the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: On 1/20/2026 PC Administrator was educated that Direct Care Staff A and B said they did not receive their First Day of orientation 2600.65A.

ACTION: On 1/20/2026 PC Administrator spoke with investigator; [REDACTED] suggested employees sign their orientation form. I reviewed again with Direct Care Staff A in person and B via telephone the first day orientation. Direct Care Staff A did sign their form and Direct Care Staff B was terminated prior to investigation. On 1/20/2026 PC administrator began to review with all employees that their First Day of orientation and signatures were obtained by all employees on their orientation form. Audit form completed and documentation will be kept.

ACTION PLAN: On 1/20/2026 PC administrator will ensure signatures are obtained on all new hires after reviewing First Day Orientation including:

Evacuation procedures.

2.

Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

3.

The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4.

Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

5.

The location and use of fire extinguishers.

6.

Smoke detectors and fire alarms.

7.

Telephone use and notification of emergency services.

An Audit form will be started and document will be kept.

65a - FS Orientation 1st Day (continued)

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/10/2026)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Direct care staff A, hired [REDACTED], did not receive orientation training on or before [REDACTED] first day of work in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
4. Reporting of reportable incidents and conditions.

Direct care staff B, hired [REDACTED], did not receive orientation training on or before [REDACTED] first day of work in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept [REDACTED] - 02/24/2026)

IMMEDIATE ACTION: On 1/20/2026 PC Administrator was educated that Direct Care Staff A and B said they did not receive their orientation on Resident rights, Emergency medical plan.

Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting reportable incidents and conditions with 40 scheduled working hours.

ACTION: On 1/20/2026 PC Administrator spoke with investigator; [REDACTED] suggested employees sign their orientation form. I reviewed again with Direct Care Staff A in person and B via telephone the first day orientation. Direct Care Staff A did sign their form and Direct Care Staff B was terminated prior to investigation. On 1/20/2026 PC administrator began to review with all employees that their First Day of orientation including Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
and signatures were obtained by all employees on their orientation form. Audit form completed and documentation will be kept.

ACTION PLAN: On 1/20/2026 PC administrator will ensure signatures are obtained on all new hires after reviewing First Day Orientation including: Emergency medical plan.

Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting reportable incidents and conditions with 40 scheduled working hours.

65b Rights/Abuse 40 Hours (*continued*)

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/10/2026)