

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

March 21, 2026

[REDACTED]  
HSRE-WSL OF WEXFORD VI TRS LLC  
[REDACTED]

RE: THE PROVINCE OF WEXFORD  
210-212 FOWLER ROAD  
WARRENDALE, PA, 15086  
LICENSE/COC#: 44936

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/16/2026 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: *THE PROVINCE OF WEXFORD* License #: *44936* License Expiration: *02/21/2027*  
 Address: *210 212 FOWLER ROAD, WARRENDALE, PA 15086*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HSRE-WSL OF WEXFORD VI TRS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/07/2018* Issued By: *Marshall Twp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *115* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/16/2026*

**Inspection Dates and Department Representative**

*03/16/2026 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *143* Residents Served: *74*

**Special Care Unit**  
 In Residence: *Yes* Area: *1st Floor* Capacity: *29* Residents Served: *19*

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *93*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *41* Have Physical Disability: *0*

**Inspections / Reviews**

*03/16/2026 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**