

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

April 13, 2026

[REDACTED]
KELLY YOUNKIN
[REDACTED]

RE: KELLY YOUNKIN'S PERSONAL CARE
HOME
142 FAIRVIEW STREET
CONFLUENCE, PA, 15424
LICENSE/COC#: 34080

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2026 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: KELLY YOUNKIN'S PERSONAL CARE HOME **License #:** 34080 **License Expiration:** 10/22/2026
Address: 142 FAIRVIEW STREET, CONFLUENCE, PA 15424
County: SOMERSET **Region:** CENTRAL

Administrator

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

Legal Entity

Name: KELLY YOUNKIN
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/02/1998 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 17 **Waking Staff:** 13

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/18/2026

Inspection Dates and Department Representative

03/18/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 17

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 15 **Are 60 Years of Age or Older:** 13
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/18/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/02/2026

03/30/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/13/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/03/2026

Inspections / Reviews *(continued)*

04/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/15/2026

04/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at 10:00 AM, the lock on the 2nd floor bathroom door was not functioning correctly and prohibited residents from locking the bathroom door while in use.

Plan of Correction

Accept [redacted] - 04/02/2026)

New door knob purchased and installed on 3/19/26 by an outside source. Administrator, or designee, will check locks on all bathrooms weekly with rounds beginning 3/23/2026. Staff and residents were educated by administrator on 3/19/2026 to let administrator or designee know immediately if locks are not functioning properly.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] - 04/13/2026)

187a Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

9. Administration times.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is prescribed [redacted] once every 3 weeks, administered by an LPN. However, resident [redacted] March 2026 Medication Administration Record (MAR) does not indicate the administration times or diagnosis or purpose for this medication.

Resident [redacted] is prescribed [redacted] times a day as per the following sliding scale: 70-150=0 units, 151-180=2 units, 181-200=4 units, 201-250=6 units, 251-300=8 units, 301-350=10 units, 351-400=12 units, 401+= 12 units and contact medical provider. On [redacted] at 12:00 PM Resident [redacted] blood glucose measured [redacted] however, Resident # [redacted] March 2026 MAR did not include the number of units administered.

Resident [redacted] is prescribed [redacted] times a day as per the following sliding scale: 70-150=0 units, 151-180=2 units, 181-200=4 units, 201-250=6 units, 251-300=8 units, 301-350=10 units, 351-400=12 units, 401+= 12 units and contact medical provider. The resident's March 2026 MAR does not include the dose administered on the following dates/times:

- [redacted] at 12:00 PM
- [redacted] at 8:00 AM and 9:00 PM
- [redacted] at 9:00 PM

Plan of Correction

Accept [redacted] - 04/02/2026)

Diagnosis confirmed with Doctor and added to Invega order on QuickMar by administrator on 3/19/2026. Administrator contacted pharmacy on 3/20/26 to update MAR with correct dosing schedule so that it can be signed

187a Medication Record (continued)

off correctly in the future. MAR updated by pharmacy on 3/21/26. Staff re educated on 3/19/2026 by administrator that all medications must have a diagnosis listed and should be checked with every administration. Staff re educated on 3/19/2026 by administrator to accurately and completely document units given with regards to insulin sliding scale injections. Beginning 3/23/2026, the administrator, or designee, will monitor MAR's weekly for compliance and accuracy and remediate staff and report as needed to DHS in the form of an incident report. A review of all resident MAR's was completed on 3/20/2026 by Administrator.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 04/13/2026)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident () is prescribed () once every 3 weeks. Resident () March 2026 Medication Administration Record does not include the initials of the staff person who administered () or () at 12:44 PM.

Plan of Correction

Accept () - 04/02/2026)

Staff re educated by administrator on 3/19/2026 that all medications are to be signed off in QuickMAR at the time of administration. Beginning 3/23/2026, Administrator or designee will monitor MAR's weekly for compliance and accuracy and remediate and report as needed to DHS in the form of an incident report.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 04/13/2026)

191 - Resident Right to Refuse

4. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident (), admitted () and Resident () admitted (), have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept () 03/30/2026)

This right added to the resident's rights list as letter Z, in the contract by administrator on 3/19/2026 for future admissions. For current residents, an acknowledgement has been created on 3/19/2026. All residents informed and signed on 3/20/2026.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 04/13/2026)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED] indicated Resident [REDACTED] ambulates independently with no applicable service needs. However, Resident [REDACTED] utilizes a prosthetic device due to a [REDACTED] above the knee. The Resident's assessment does not reflect the resident's correct ability to ambulate or description of service need.

Plan of Correction

Accept ([REDACTED] - 04/02/2026)

Resident [REDACTED] RASP updated on 3/19/2026 by administrator to more accurately reflect resident use of prosthetic. Administrator and designee educated on 3/18/2026 by DHS to review completed RASPs for error prior to submission. Beginning 04/02/2026, administrator and a designee will review all new RASPs together to determine all elements of care have been addressed appropriately. A review of all RASPs began on 3/20/2026 and will be completed by 04/02/2026. This audit will be completed by the administrator.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented ([REDACTED] - 04/13/2026)