

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

June 30, 2026

[REDACTED], ADMINISTRATOR
WILLIAM PENN HEALTH CARE ASSOCIATES LP
1021 WALTON ROAD
JEANNETTE, PA, 15644

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026 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: 1021 WALTON ROAD, JEANNETTE, PA, 15644

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 02/20/2012

Issued By: Penn Twp.

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 03/30/2026

Inspection Dates and Department Representative

03/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108

Residents Served: 45

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 7

Are 60 Years of Age or Older: 42

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 25

Have Physical Disability: 0

Inspections / Reviews

03/30/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/27/2026

05/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/19/2026

Inspections / Reviews *(continued)*

05/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/19/2026

06/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Department of Labor and Industry inspection certificate for the home's boiler expired on 10/24/25.

Plan of Correction

Accept () - 05/14/2026

IMMEDIATE ACTION: On 3/30/26 Administrator and Maintenance were educated on the homes boilers inspections expired. Documentation will be kept.

ACTION: On 4/2/2026 the homes boiler was inspected 4/13/26. We are still awaiting official certificate however we have the temporary one. Official one takes up to 4 weeks. It will be posted as soon as it arrives. Documentation will be kept.

ACTION PLAN: On 4/17/26 the PCHA and Director of Maintenance will complete monthly audits to ensure that homes boiler inspection is up to date and displayed. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/26/2026

Implemented () - 06/30/2026

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On () resident #1 and resident #2 had a confrontation in the dining room. Soon after that incident, resident #2 and staff person A had a confrontation in the dining room as well. Staff person A told resident #2 to, "Shut () up, and listen to what I am saying to you."

REPEAT VIOLATION 4/3/25 et. al.

Plan of Correction

Accept () - 05/14/2026

IMMEDIATE ACTION: On () Staff person A was escorted out of the building. Administrator called employee and educated employee on violation including () suspension until investigation was completed. Reports were completed to the DHS and Agency on Area of Aging.

ACTION: On () PC Administrator educated staff member A on 2600.42c on treatment of residents with dignity and respect. All staff were educated on 4/24/26 on all residents' rights highlighting dignity and respect. Documentation will be kept.

ACTION PLAN: Interviews with all residents began on 2/28/26 asking the following questions: 1. Do you feel safe in our building? 2. Do you feel that your rights have been violated? 100% of all residents were interviewed on 2/28/26, on 3/27/26 50% were interviewed. Interviews will continue 4/28/2026 for 25% of the residents, and monthly at 10% of the residents. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/28/2026

42c Treatment of Residents (continued)

Implemented () - 06/30/2026

95 Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

The plastic face plate on the call bell in the bathroom off bedroom #205 was broken. Wires were exposed in the box.

Plan of Correction

Accept () - 05/14/2026

*IMMEDIATE ACTION: On 3/30/26 The plastic face plate on the call bell in the bathroom off bedroom #205 was replaced.**ACTION: On 3/30/26 PC Administrator and Facility Maintenance Manager were educated on 2600.95 furniture, and equipment must be in good repair and the plastic face plate on the call bell in the bathroom off bedroom #205 was broken. Wires were exposed in the box.**Documentation will be kept.**ACTION PLAN: On 3/30/26 audits of call bells are in good repair will be completed. All call bells will be monitored once a month. Documentation will be kept.*

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented () - 06/30/2026

141a Medical Evaluation

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on (); however, () has not had a medical evaluation.

Plan of Correction

Accept () - 05/14/2026

*IMMEDIATE ACTION: On 4/6/26 resident #1 a new DME was obtained.**ACTION: On 3/30/2026 PC Administrator and Director of Wellness were educated on 2600. 141b2 on Medical Evaluation Changes. Documentation will be kept.**ACTION PLAN: On 4/1/26 The Personal Care Home Administrator created an audit tool and reviewed all current residents and will continue to monitor and new admissions as they arrive. Documentation will be kept.*

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented () - 06/30/2026

141b1 Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation*Resident #2's most recent medical evaluation was completed on [REDACTED]**Resident #4's most recent medical evaluation was completed on [REDACTED]**REPEAT VIOLATION 4/3/25 et. al.***Plan of Correction****Accept ([REDACTED] - 05/14/2026)***IMMEDIATE ACTION: On 4/6/26 resident #2 and #4 new DME was obtained.**ACTION: On 3/30/2026 PC Administrator and Director of Wellness were educated on 2600. 141b2 on Medical Evaluation Changes. Documentation will be kept.**ACTION PLAN: On 4/1/26 The Personal Care Home Administrator created an audit tool to monitor significant changes monitored weekly for a month, twice a month and then once per month. Documentation will be kept.***Licensee's Proposed Overall Completion Date: 04/25/2026****Implemented ([REDACTED] - 06/30/2026)****187a Medication Record****6. Requirements**

2600.

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

8. Frequency of administration.

Description of Violation*Resident #1 is prescribed Morphine 20mg/ml – take 0.25ml by mouth every 1 hour. However, the resident's March 2026 medication administration record indicates Morphine 20mg/5ml – take 0.25ml by mouth every 1 hour as needed.**REPEAT VIOLATION 4/3/25 et. al.***Plan of Correction****Accept ([REDACTED] - 05/29/2026)***IMMEDIATE ACTION: On 3/30/26 Resident #1 we obtained the correct order to match the medication.**ACTION: On 3/30/26 PC Administrator and Director of Wellness were educated on 2600. 87a. All med tech staff will be educated on 2600.183 b on, to ensure compliance with regulations. Documentation will be kept.**ACTION PLAN: On 4/1/26 We began an audit of all residents' medication to ensure they match the MARS. All new orders will be reviewed by med tech and wellness director. An audit tool was created to complete monthly. Documentation will be kept.***Licensee's Proposed Overall Completion Date: 05/28/2026**

187a Medication Record *(continued)*

Implemented ([REDACTED] - 06/30/2026)

187d Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Fluticasone nasal spray 27.5mcg – spray into both nostrils one time a day. However, the medication being administered is Fluticasone nasal spray 50mcg.

REPEAT VIOLATION 4/3/25 et. al.

Plan of Correction*Accept ([REDACTED] - 05/14/2026)*

IMMEDIATE ACTION: On 3/30/26 Resident #3 we obtained the correct order to match the medication.

ACTION: On 3/30/26 PC Administrator and Director of Wellness were educated on 2600.187d. All med tech staff will be educated on 2600.187d b on, to ensure compliance with regulations. Documentation will be kept.

ACTION PLAN: On 4/1/26 We began an audit of all residents' medication to ensure they match the MARS. An audit tool was created to complete monthly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented ([REDACTED] - 06/30/2026)