

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

October 15, 2026

[REDACTED], ADMINISTRATOR
HAVERILLA PERSONAL CARE HOME INC
775 STONETOWN ROAD
ROSSITER, PA, 15772

RE: HAVERILLA PERSONAL CARE HOME
775 STONETOWN ROAD
ROSSITER, PA, 15772
LICENSE/COC#: 42793

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026 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: HAVERILLA PERSONAL CARE HOME

License #: 42793

License Expiration: 06/09/2026

Address: 775 STONETOWN ROAD, ROSSITER, PA 15772

County: INDIANA

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: HAVERILLA PERSONAL CARE HOME INC

Address: 775 STONETOWN ROAD, ROSSITER, PA, 15772

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other

Date: 07/28/1997

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 22

Waking Staff: 17

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 04/14/2026

Inspection Dates and Department Representative

04/14/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 22

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 17

Are 60 Years of Age or Older: 14

Diagnosed with Mental Illness: 22

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

04/14/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: Bypass Document
Submission

10/15/2026 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

92 - Windows**1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the dining room did not have a screen in it.

Plan of Correction**Directed () - 07/29/2026)**

Within 15 days of receipt of the plan of correction: the administrator or designee shall install a screen in the dining room window.

Within 15 days of receipt of the plan of correction and monthly thereafter: the administrator or designee shall check all operable windows in the home to ensure they have a screen installed.

Directed Completion Date: 08/15/2026

Implemented () - 10/14/2026)**102e - Privacy - Doors/Partitions****2. Requirements**

2600.

- 102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Description of Violation

The stall in the common bathroom in the main building has a curtain rather than a door. This does not afford privacy while in use.

REPEAT VIOLATION: 4/18/25

Plan of Correction**Directed () - 07/29/2026)**

Within 15 days of receipt of the plan of correction: The administrator or designee shall replace the curtain at the stall in the common bathroom in the main building with a door which provides privacy while in use.

Within 15 days of receipt of the plan or correction; All staff persons shall be educated on regulation 2600.102e, that privacy shall be provided for toilets, showers and bathtubs by partitions or doors. documentation of the education shall be kept.

Within 15 days of receipt of the plan of correction and at least weekly thereafter: The administrator or designee shall check all toilets, showers and bathtubs to ensure a door or partition is provided for privacy. Documentation of checks shall be kept.

Directed Completion Date: 07/15/2026

Implemented () - 10/14/2026)**132b - Safety Inspection/Fire Drill****3. Requirements**

2600.

132b - Safety Inspection/Fire Drill (continued)

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent supervised fire drill conducted by a fire safety expert was completed on 5/1/23.

Plan of Correction

Directed (████ - 07/29/2026)

Within 15 days of receipt of the plan of correction: The administrator or designee shall ensure that a fire drill is conducted by a fire safety expert. Documentation of the fire drill by a fire safety expert shall be kept.

Within 15 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure a fire drill is conducted by a fire safety expert annually. Documentation of the tracking system shall be kept.

Directed Completion Date: 08/15/2026

Implemented (████ - 10/14/2026)

132g - Fire Drills Days/Times**4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills with 3 or more staff people participating; however, the home routinely schedules 1 person on the night shift.

Plan of Correction

Directed (████ - 07/29/2026)

Within 5 days of receipt of the plan of correction: The administrator or designee shall conduct a fire drill with only one staff person on the night shift. Documentation of the fire drill shall be kept. If one staff person is not able to evacuate all residents to the fire safe area or to the designated outside meeting area in the safe evacuation time designated by the fire safety expert, the home shall increase staffing on the night shift so that all residents are evacuated to the fire safe area or to the designated outside meeting area in the safe evacuation time designated by the fire safety expert.

Monthly, the administrator or designee shall check the staffing schedule to ensure staffing on the night shift is sufficient to evacuate all residents to the fire safe area or to the designated outside meeting area in the safe evacuation time designated by the fire safety expert.

Directed Completion Date: 08/15/2026

Implemented (████ - 10/14/2026)

227a - Support Plan 30 Days**5. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident [REDACTED] has an entry on the Pennsylvania Megan's Law registry; however, the is not addressed on resident [REDACTED] resident assessment and support plan dated [REDACTED]

Plan of Correction**Directed ([REDACTED] - 07/29/2026)**

Within 15 days of receipt of the plan of correction: The administrator or designee shall update resident [REDACTED] assessment and support plan with the information that the resident is listed on the Megan's Law registry as well as how the home plans to use this information to ensure the safety of residents and others in the home.

Within 15 days of receipt of the plan of correction: The administrator or designee shall review all resident support plans to ensure all behavioral needs and potential threats to other residents, including listings on the Megan's Law registry, are documented on the residents' support plans.

Directed Completion Date: 08/15/2026**Implemented ([REDACTED] - 10/14/2026)**