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

July 21, 2026

[redacted], PRESIDENT
KELLY S II PERSONAL CARE HOME INC
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650

RE: KELLY'S II PERSONAL CARE HOME
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44840

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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: *KELLY'S II PERSONAL CARE HOME* **License #**: *44840* **License Expiration**: *05/04/2026*

Address: *141 UNITY CEMETERY ROAD, LATROBE, PA 15650*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *KELLY S II PERSONAL CARE HOME INC*

Address: *141 UNITY CEMETERY ROAD, LATROBE, PA, 15650*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/15/1992* **Issued By**: *L&I*

Type: *R-3* **Date**: *03/05/2010* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *9* **Waking Staff**: *7*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served**: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *8*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/30/2026*

Inspections / Reviews *(continued)*

06/15/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/22/2026*

07/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/20/2026*

07/21/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] a visibly intoxicated man entered the home and asked staff person A to have sex with him. Staff person A refused and called the Pennsylvania State Police (PSP), who arrived on-site. The man left the home and was later apprehended by the police. The residents were asleep in their bedrooms at the time of the incident and not present. The home did not report this incident to the Department.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to document and fill out an incident report to the best of our knowledge the details and situation that occurred that night.

To enhance the currently compliant operations, on 05/20/2026 all current staff members will be given a training/in-service by administrators on how to handle and what to do/not do in these unfortunate situations. To not only keep themselves safe but also the residents, with a completion date of 05/20/2026.

Effective 05/20/2026 the all staff persons will perform daily reviews of incidents reported in the home by checking the daily log book the aides document in and through daily reports with each other on shift changes, through 07/01/2026 to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/21/2026)

18 - Compliance With Laws

2. 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

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate.
The home's boiler certificate expired 3/11/2026.

18 Compliance With Laws *(continued)*

Plan of Correction ***Accept (- 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to contact PA Department of Labor and Industry to find out who currently conducts boiler inspections for Westmoreland County, inspector who had given our certificate previously no longer works there. And contact was made with said inspector to make an appointment for the facilities Boiler inspection. New certificate for boiler inspection was issued on 06/02/2026

To enhance the currently compliant operations, on 05/30/2026 the administrator will update the facilities annual check list to include whether or not Boiler inspector has been contacted and document the day of planned Boiler inspection, with a completion date of 07/01/2026.

Effective 05/30/2026 the administrator will perform annual reviews of state approved officials/Inspectors contact information in the facility to assure all members can be reached and are up to date, through 07/01/2026 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/21/2026)

25b - Contract Signatures

3. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated , for resident #1 was not signed by the resident.

The resident home contract, dated for resident #2 was not signed by the resident.

Plan of Correction ***Accept (- 07/16/2026)***

On Day of inspection 04/30/2026, administrator went over contracts with resident #1 and #2. Afterwards contracts were signed by both residents. A new system was implemented on 05/01/2026 by the administrator regarding resident files. Once a month regardless of if the home has new admissions or not. The administrator will use a checklist to go through all documents; to make certain everything is up to date and signed by resident. On 05/04/2026 monthly checklist was used by administrator checking all current resident files, and verifying everything is signed and current. On 05/18/2026 all staff was given an 1 hour Inservice/training on the facilities new form and procedure by administrators.

Licensee's Proposed Overall Completion Date: *06/22/2026*

Implemented (- 07/21/2026)

41e - Signed Statement

4. Requirements

41e - Signed Statement *(continued)*

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

On Day of inspection 04/30/2026, administrator went over contracts with resident #1 and #2. Afterwards contracts were signed by both residents. On 06/16/2026 resident #1 and #2 signed a statement acknowledging receipt of a copy of the resident rights and complaint procedures. A new system was implemented on 05/01/2026 by the administrator regarding resident files. Once a month regardless of if the home has new admissions or not. The administrator will use a checklist to go through all documents; to make certain everything is up to date and signed by resident. On 05/04/2026 monthly checklist was used by administrator checking all current resident files, and verifying everything is signed and current.On 05/18/2026 all staff was given an 1-hour Inservice/training on the facilities new form and procedure.

Licensee's Proposed Overall Completion Date: *06/22/2026*

Implemented ([redacted] - 07/21/2026)

132a - Monthly Fire Drill

5. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of August 2025.

Plan of Correction ***Accept ([redacted] - 06/15/2026)***

The Administrator will ensure fire drills are held at least once a month. Two staff persons will sign off on the monthly fire drill record, verifying the drill and use of the system starting on 05/01/2026. At the end of every month, administrator will assure fire drill was done for the month as a part of the monthly checklist, administrator used checklist on 05/29/2026 to assure fire drills were in compliance for the month of May.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented ([redacted] - 07/21/2026)

132b - Safety Inspection/Fire Drill

6. Requirements

2600.
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.

132b - Safety Inspection/Fire Drill *(continued)*

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert were conducted on 11/25/25; however, the previous inspection and drill were observed on 8/14/24.

Plan of Correction ***Accept (- 07/16/2026)***

Fire safety experts we deal with are simply volunteers. We are forever grateful for their service; however, this means if a situation arises our planned fire drills and safety classes with them can be canceled and rescheduled. To assure fire safety inspection and fire drill conducted by a fire safety expert is completed once annually. The facility will now aim to complete this twice a year to ensure compliance. On 05/04/2026 Administrator added as a part of the updated quarterly checklist beginning on 06/01/2026 new checklist is to be used. And will include whether or not contact was made with fire safety professionals. And the scheduled day of said safety inspection/fire drill is to be documented.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/21/2026)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/27/25 at 1:22 a.m.

Plan of Correction ***Accept (- 07/16/2026)***

Fire drills during the sleeping hours has been made a part of the updated quarterly
Checklist by administrator on 05/04/2026. On the night of 04/30/2026 a fire drill was conducted during the sleeping hours. Now the facility will be conducting a fire drill during sleeping hours once every 3 months. That way if new midnight staff persons are introduced, they will always be familiar with the procedure. As well as ensuring facility stays in compliance. On 05/18/2026 all staff was given a 1-hour Inservice/training on the facilities new fire drill procedure during sleeping hours by administrators.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/21/2026)

141a - Medical Evaluation

8. 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 #2, admitted , did not have a medical evaluation completed.

REPEATED VIOLATION - 4/29/25

141a - Medical Evaluation *(continued)*

Plan of Correction ***Accept (- 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/29/2026 by the administrator to reach out to resident #2's hospice agency to have a registered nurse practitioner conduct a medical evaluation for the resident. Resident #2 has recently switched care from one agency to another, an updated status change medical evaulation was conducted by the new agency on 06/18/2026.

To enhance the currently compliant operations, on 05/30/2026 the administrator will create and implement a new admission checklist, that is to be completed 15 days after admission for all future new residents. This will assure things such as initial assessment and initial medical evaluation are completed within specified time frames, with a completion date of 05/30/2026.

Effective 05/04/2026 the administrator will perform monthly checks of resident files to assure documents that are to be updated annually are completed correctly and entirely , through 12/31/2026 to maintain ongoing compliance with ensuring each resident has 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/22/2026*

Implemented (- 07/21/2026)

141b1 - Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on however, the resident's previous medical evaluation was completed on

Plan of Correction ***Accept (- 06/15/2026)***

A new system was implemented on 05/01/2026 by the administrator regarding resident files for management use. Once a month regardless of if the home has new admissions or not. The administrator will use a checklist to go through all documents; to make certain everything is up to date and signed by resident. On 05/04/2026 monthly checklist was used by administrator checking all current resident files, and verifying everything is signed and current. All resident documents that are to be updated annually will also be checked quarterly by administrator.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented (- 07/21/2026)

183e - Storing Medications

10. Requirements

2600.

183e Storing Medications *(continued)*

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3 was prescribed [redacted]. The manufacturer's instructions indicated that the mediation expired after 28 days; however, the home did not date the medication after opening.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to place a "date opened" sticker on resident #3's [redacted] 04/30/2026, as it was an unused [redacted] just no date opened sticker was originally placed on said [redacted]

To enhance the currently compliant operations, on 05/15/2026 all med aide staff persons will be given an 1 hour in service on proper storage of prescription medications and OTC medications by administators.

Effective 05/04/2026 the administrator will perform weekly audits of medication cart, through 07/01/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/21/2026)

184a - Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #3's [redacted]

Plan of Correction ***Accept ([redacted] - 06/15/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to place an additional label on resident #3's [redacted] to make certain the label matches doctors' orders.

To enhance the currently compliant operations, on 05/30/2026 the administrator will fax all medication updates not only from facility directly to pharmacy, but doctors' office directly to pharmacy as well, with a completion date of 05/31/2026.

184a Resident's Meds Labeled (continued)

Effective 05/04/2026 the administrator will perform weekly audits of medication cart, through 12/31/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration, and the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented ([redacted] - 07/21/2026)

185a - Implement Storage Procedures

12. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 was prescribed [redacted]. However, this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 06/15/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the administrator to make contact with resident #2's hospice nurse to have their pharmacy supply facility with [redacted]

To enhance the currently compliant operations, on 05/04/2026 the administrator will ensure all residents when being admitted to hospice are provided with all "comfort kit" medications supplied by hospice, with a completion date of 06/30/2026.

Effective 05/04/2026 the administrator will perform weekly audits of medication cart, through 12/31/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/21/2026)

190a - Completion Medication Course

13. Requirements

2600.

190a - Completion Medication Course *(continued)*

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On 4/29/26, [redacted], to resident #3.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/08/2026 by the administrator to get staff person B enrolled in the department approved medications administration course to be able to administer medications.

To enhance the currently compliant operations, on 05/30/2026 the staff person b will update the monthly checklist to include employee files, and medication reviews, with a completion date of 05/31/2026.

Effective 05/04/2026 the administrator will perform monthly checks of employee files and certifications, through 07/01/2026 to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/21/2026)

190b - Insulin Injections

14. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 4/29/26, at 8:00 p.m., staff person B, who has not successful completion of a Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted]

On 4/23/26, at 7:00 a.m., staff person C, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted]

190b Insulin Injections *(continued)*

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the administrator to have a diabetes patient education program held at the facility by a department approved educator for all staff persons that have successfully completed a department approved medications administration course.

To enhance the currently compliant operations, on 05/30/2026 the administrator will update the annual checklist to include whether or not diabetes education program has been done for the year as well as scheduled for the following year, with a completion date of 07/01/2026.

Effective 05/30/2026 the administrator will perform quarterly checks of medication aides file and certifications along with MAR reviews to assure everyone is up to date, through 12/31/2026 to maintain ongoing compliance with ensuring that A staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department approved diabetes patient education program within the past 12 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/21/2026)

224a - Preadmission Screen Form

15. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted] however, the resident's preadmission screening form did not indicate when it was completed. This area was blank.
In addition, resident #2's undated preadmission screening form did not include a determination that the needs of the resident can be met by the services provided by the home.

REPEATED VIOLATION 4/29/25

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to amend resident #2s preadmission screening form to indicate that the needs of the resident are met by the services provided by the facility.

To enhance the currently compliant operations, on 05/30/2026 the administrator will make a new preadmission checklist to use for new admissions that includes weather or not the preadmission screening form is completed in its entirety and most importantly prior to admission, with a completion date of 05/31/2026.

224a Preadmission Screen Form (continued)

Effective 05/04/2026 the administrator will perform monthly checks of resident files to ensure all documents are completed correctly, through 12/31/2026 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/21/2026)

225a - Assessment 15 Days

16. 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 #1 was admitted on ; however, the resident's assessment was not completed until

Plan of Correction ***Accept (- 06/15/2026)***

To enhance the currently compliant operations, on 05/30/2026 the administrator will create and implement a new admission checklist, that is to be completed 15 days after admission for all future new residents. This will assure things such as initial assessment and initial medical evaluation are completed within specified time frames, with a completion date of 05/30/2026.

Effective 05/04/2026 the administrator will perform monthly checks of resident files to assure all documents are completed, through 12/31/2026 to maintain ongoing compliance with ensuring each resident has 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented (- 07/21/2026)