

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

September 15, 2026

[REDACTED], ADMINISTRATOR
SHARON AHEARN
44 BROAD STREET
PITTSTON, PA, 18640

RE: ADULT PERSONAL CARE HOME
44 BROAD STREET
PITTSTON, PA, 18640
LICENSE/COC#: 24386

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2026 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: ADULT PERSONAL CARE HOME

License #: 24386

License Expiration: 02/08/2027

Address: 44 BROAD STREET, PITTSTON, PA 18640

County: LUZERNE

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SHARON AHEARN

Address: 44 BROAD STREET, PITTSTON, PA, 18640

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP

Date: 09/30/1980

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 7

Waking Staff: 5

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 05/27/2026

Inspection Dates and Department Representative

05/14/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 7

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5

Are 60 Years of Age or Older: 6

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

05/14/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/28/2026

07/17/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/24/2026

Inspections / Reviews (*continued*)

08/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/17/2026

09/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:40 a.m. the 2nd floor emergency exit door required a significant amount of amount of force to open, delaying egress from the second floor of the home.

Plan of Correction**Directed () - 08/03/2026)**

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Door was thoroughly inspected and adjustmenst were immediately made to ensure the appropriaye pressure was needed to open door compliantly.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Spot check routinely to ensure compliance, with a completion date of 08/24/2026.

Effective 07/24/2026 the Adminstrator will perform quarterly Spot Check of Check door for compliance., through 12/24/2026 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed and easily accessible and usable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/24/2026

(Directed)

Effective immediately all stairways, hallways, doorways, passageways and egress routes from rooms and from the building will be unlocked and unobstructed. Daily walk throughs of the building starting 8/4/26 will be completed on all exits to ensure compliance for 2 months. Documentation of audits will be kept for the Department to review upon request.

Proposed Overall Completion Date: 08/17/2026

Directed Completion Date: 08/17/2026

Implemented () - 09/11/2026)**132b - Safety Inspection/Fire Drill****2. 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.

Description of Violation

The last fire safety inspection and supervised fire drill observed by a fire safety expert was conducted on 7/28/2022.

132b - Safety Inspection/Fire Drill (continued)**Plan of Correction****Accepted () - 08/03/2026)**

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to I called and scheduled fire safety inspection and supervised fire drill observed by a fire safety expert for August 13, 2026 @ 2:00 PM.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will I scheduled in advance the next annual fire safety inspection and supervised fire drill observed by a fire safety expert to be conducted August 13, 2027 @ 2:00 PM, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform annual Check of Contact fire safety expert to ensure scheduled appointment is still good to conduct., through 08/24/2026 to maintain ongoing compliance with ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually, and to keep documentation of each fire drill and fire safety inspection. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/11/2026)**132e - Fire Drill Sleeping Hours****3. 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 by the home during sleeping hours was on 10/15/25 at 12:30 a.m.

Repeated violation 3/27/25

Plan of Correction**Directed () - 08/03/2026)**

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to I performed a sleep hour drill on 6/18/2026 only four months after the last one.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will The next scheduled drill is planned for 09/24/2026 which will fall within the 180-day requirement, with a completion date of 09/24/2026.

Effective 07/24/2026 the Administrator will perform quarterly Check schedule of for accurate date of drill, through 11/24/2026 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/24/2026

(Directed)

132e - Fire Drill Sleeping Hours (continued)

Effective immediately fire drills shall be held during sleeping hours once every 6 months. The Administrator will create a schedule for the next 12 months that only the person conducting the fire drill is aware of to ensure compliance is maintained. The schedule will be maintained by the home for the Department to review upon request.

Directed Completion Date: 08/17/2026

Implemented () - 09/11/2026)

132f - Alternate Exit Routes**4. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front two doors of the home were the only exit route used during the fire drills conducted from 3/31/25 through 4/22/26.

Plan of Correction

Accept () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Violation was immediately noted so that multiple doors will be used for next and all scheduled drills.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Ensure log shows correct doors used during drill, before and after drill to ensure compliance, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform monthly Check of Doors used last, before and after drills, through 08/24/2026 to maintain ongoing compliance with using alternate exit routes during fire drills. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/11/2026)

132g - Fire Drills Days/Times**5. 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 staffs only 1 person at all times however the home conducted fire drills with 2 staff present in the home during the following drills: 4/22/26 at 4:30 p.m., 3/17/26 at 2:00 p.m. 1/25/26 at 10:00 a.m., 12/10/25 at 12:45 p.m. and 11/22/25 at 4:30 p.m.

132g Fire Drills Days/Times (continued)

Plan of Correction

Directed () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Typo was immediately noted and fixed.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Double check for typos, with a completion date of 08/24/2026.

Effective 07/24/2026 the Administrator will perform monthly Check of Check for typo and fix, through 08/24/2026 to maintain ongoing compliance with ensuring fire drills are 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/24/2026

(Directed)

Effective immediately 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. The Administrator will create a schedule for the next 12 months that only the person conducting the fire drill is aware of to ensure compliance is maintained. The schedule will be maintained by the home for the Department to review upon request.

Directed Completion Date: 08/17/2026

Implemented () - 09/11/2026)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Through interviews with staff, it was confirmed that during the fire drill on 4/22/26 at 3:30 p.m., Resident #3 did not evacuate to a designated meeting place away from the building.

Plan of Correction

Directed () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Residents were notified to keep doors slightly cracked for potential fire or fire drill/alarm. They all agreed happily.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Double check resident's doors are slightly cracked before fire drills are conducted, and to occasionally re mention to residents about keeping doors slightly cracked, with a completion date of 08/24/2026.

132h - Designated Meeting Place (continued)

Effective 07/24/2026 the Administrator will perform monthly Check of Double check , through 08/24/2026 to maintain ongoing compliance with ensuring residents can evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/24/2026

(Directed)

Effective immediately all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. The Administrator will meet with all residents including Resident #3 to ensure the residents understand this regulation and can hear the fire alarms at all times. Documentation of this meeting will be kept for the Department to review upon request.

Directed Completion Date: 08/17/2026

Implemented ([REDACTED]) - 09/11/2026)

141b1 - Annual Medical Evaluation**7. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Resident #1's annual medical evaluation does not indicate if the resident's needs can be met at the personal care home or if the resident would need care in a skilled nursing facility.

Plan of Correction

Directed ([REDACTED]) - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Noted violation and fixed the check on DME to meet compliance and eligibility.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Before leaving physician's office ensure physician completed document correctly to ensure all sections of form are completed, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform annual checks of Check form for completion and accuracy, through 08/24/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually and complete. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/24/2026

141b1 - Annual Medical Evaluation (continued)

(Directed)

Please note only licensed individuals with the permission of the physician can alter DME's after they are completed. Resident #1's DME will be sent back to the physician to be completed. The Administrator will audit all residents DME's to ensure they are completed within the annual timeframe. The Administrator will create a tool that shows when they are due. Documentation of the audit tool will be maintained for the Department to review upon request.

Directed Completion Date: 08/17/2026

Implemented () - 09/11/2026)

181c - Self-administration Assessment

8. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers medications to include [REDACTED] however, Resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to All medication was locked away in medication drawer.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Check room for unlocked medication, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform daily checks of check for medication, through 08/24/2026 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/11/2026)

183b - Meds and Syringes Locked

9. Requirements

2600.

183b Meds and Syringes Locked (continued)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/14/26 at 9:40 a.m., a pill box containing [REDACTED] were unlocked, unattended, and accessible in the bedroom belonging to Resident #3.

Plan of Correction

Accept ([REDACTED]) - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Medication was locked away immediately in medication drawer.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Check residents' room for unlocked medication and fix immediately, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform daily check of unlocked medication, through 08/24/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented ([REDACTED]) - 09/15/2026)

187a - Medication Record**10. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [REDACTED]; however, the medications are not included on Resident #2's medication administration record for May 2026.

187a - Medication Record (continued)

Plan of Correction

Accept () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Medication no longer included was discarded.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will routinely check medical record and what is in the medication drawer, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform daily Check of Check for accuracy, through 08/24/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/11/2026)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's assessment, dated [REDACTED] only included pages 1, 11, and 12. The pages were observed to be stapled to the resident's assessment dated [REDACTED]

Pages 4 and 7 of Resident #3's assessment dated [REDACTED] are not completed.

Plan of Correction

Directed () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Immediately fixed to include all pages were done and complete.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Double check before filing for completion, with a completion date of 07/24/2026.

225c Additional Assessment (continued)

Effective 07/24/2026 the Administrator will perform quarterly Check of completion, through 08/24/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/24/2026

(Directed)

The Administrator will complete assessments for Resident #1 and #3. The Administrator will audit all residents to ensure all assessments are accurate and completed timely. The Administrator will create a tool to track assessments to ensure they are completed timely. Documentation of the audit and tracking tool will be kept for the Department to review upon request.

Directed Completion Date: 08/17/2026

Implemented () - 09/14/2026)

227c - Support Plan Revision

13. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The section regarding medication administration on Resident #3's annual support plan dated [REDACTED] is not completed.

Plan of Correction

Directed () - 08/03/2026)

In response to the violation on 05/14/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2026 by the Administrator to Section was noted and completed immediately.

To enhance the currently compliant operations, on 07/24/2026 the Administrator will Double check for completion before filing, with a completion date of 07/24/2026.

Effective 07/24/2026 the Administrator will perform quarterly check of check for completion, through 08/24/2026 to maintain ongoing compliance with revising the support plan within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/24/2026

(Directed)

The Administrator will audit all residents to ensure all support plans are accurate and completed timely. The Administrator will create a tool to track support plans to ensure they are completed timely. Documentation of the audit and tracking tool will be kept for the Department to review upon request.

227c Support Plan Revision (*continued*)

Directed Completion Date: 08/17/2026

Implemented ([REDACTED] - 09/11/2026)