

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

June 1, 2026

[REDACTED]  
SOUTHWEST BEHAVIORAL CARE INC  
[REDACTED]

RE: BARCLAY PLACE  
320 WEST PITTSBURGH STREET  
GREENSBURG, PA, 15601  
LICENSE/COC#: 45387

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/21/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** BARCLAY PLACE **License #:** 45387 **License Expiration:** 08/03/2026  
**Address:** 320 WEST PITTSBURGH STREET, GREENSBURG, PA 15601  
**County:** WESTMORELAND **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** SOUTHWEST BEHAVIORAL CARE INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other **Date:** 04/20/2022 **Issued By:** City of Greensburg

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 11 **Waking Staff:** 8

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 05/21/2026

**Inspection Dates and Department Representative**

05/21/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 14 **Residents Served:** 11  
**Secured Dementia Care Unit**  
**In Home:** No **Area:** **Capacity:** **Residents Served:**  
**Hospice**  
**Current Residents:** 0  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 11 **Are 60 Years of Age or Older:** 7  
**Diagnosed with Mental Illness:** 11 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

05/21/2026 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** Not Required

**NO DEFICIENCIES FOUND**