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

August 12, 2026

[redacted], ADMINISTRATOR
HELEN'S PLACE FOR PERSONAL CARE
474 STAMBAUGH AVENUE
SHARON, PA, 16146

RE: HELEN'S PLACE FOR PERSONAL CARE
474 STAMBAUGH AVENUE
SHARON, PA, 16146
LICENSE/COC#: 44687

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2026 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: *HELEN'S PLACE FOR PERSONAL CARE* **License #**: *44687* **License Expiration**: *09/23/2026*

Address: *474 STAMBAUGH AVENUE, SHARON, PA 16146*

County: *MERCER* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *HELEN'S PLACE FOR PERSONAL CARE*

Address: *474 STAMBAUGH AVENUE, SHARON, PA, 16146*

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

Certificate(s) of Occupancy

Type: *Other* **Date**: *12/06/1991* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *6* **Waking Staff**: *5*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/30/2026*

Inspection Dates and Department Representative

06/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* **Residents Served**: *6*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* **Are 60 Years of Age or Older**: *4*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *1*

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

Inspections / Reviews

06/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/30/2026*

07/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/17/2026*

08/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/12/2026*

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

AT 09:27 AM there is a window in the front tv room without a screen.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

Slide screen was purchased and placed by window.
Administrator will monitor weekly to make sure if screen is removed and will replace immediately from this point forward.

Licensee's Proposed Overall Completion Date: *07/21/2026*

Implemented ([redacted] - 08/12/2026)

96a - First Aid Kit

2. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 10:36 AM the home's first aid kit was missing a pair of scissors.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

Administrator has replaced old first aid kit with new first aid kit that includes scissors. Administrator will check first aid kit weekly to ensure the kit is not missing any needed materials from this point forward.

Licensee's Proposed Overall Completion Date: *07/21/2026*

Implemented ([redacted] - 08/12/2026)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

The most recent assessment for resident #1 was completed[redacted]

Plan of Correction ***Directed ([redacted] - 08/06/2026)***

Residence assessment was not available during the inspection and a few days late. Assessment appointment was not available in the proper time structure which made the form processed late. Administrator will try to secure appointments with PCP even earlier to ensure appointment for forms to be completed in a timely fashion from this point forward by checking the at a glance calendar 6 weeks prior to due date.

Proposed Overall Completion Date: 07/31/2026

DIRECTED PLAN:

225c Additional Assessment (continued)

By 8/16/26: the Administrator or designee shall complete an annual assessment for resident #1.

By 8/16/26 and at least monthly thereafter: the Administrator or designee shall conduct an audit of resident records to ensure each resident has a timely assessment, completed in its entirety, and placed in the resident's record.

Directed Completion Date: *08/16/2026*

Implemented ([redacted] - 08/12/2026)