

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

September 16, 2026

[REDACTED], CEO/PRESIDENT/ADMINISTRATOR  
EVENING STAR LLC  
200 CALDWELL AVENUE  
WILMERDING, PA, 15148

RE: EVENING STAR PERSONAL CARE  
HOME  
200 CALDWELL AVENUE  
WILMERDING, PA, 15148  
LICENSE/COC#: 44715

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2026 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:** EVENING STAR PERSONAL CARE HOME      **License #:** 44715      **License Expiration:** 12/05/2026  
**Address:** 200 CALDWELL AVENUE, WILMERDING, PA 15148  
**County:** ALLEGHENY      **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** EVENING STAR LLC  
**Address:** 200 CALDWELL AVENUE, WILMERDING, PA, 15148  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** Other      **Date:** 06/16/2016      **Issued By:** Wilmerding Borough

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 15      **Waking Staff:** 11

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 08/03/2026

## Inspection Dates and Department Representative

08/03/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 19      **Residents Served:** 13

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 1

## Number of Residents Who:

**Receive Supplemental Security Income:** 2      **Are 60 Years of Age or Older:** 13  
**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 2      **Have Physical Disability:** 1

## Inspections / Reviews

08/03/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/26/2026

08/27/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/11/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/02/2026

Inspections / Reviews (*continued*)

## 09/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/10/2026

## 09/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 64c - Annual Training

## 1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

## Description of Violation

the home's administrator, only received 12 hours of annual training during the 2025 training year.

## Plan of Correction

Directed ( ) - 09/03/2026)

On 8/4/26 at 100PM, the administrator held a 1 hour meeting with staff on annual state deficiencies, plan of corrections.

The administrator reviewed chapter 2600 regulations in related to the deficiencies with the staff. See Inservice sheet. The administrator training were completed but not filed, see attachment.

On 8/17/26 the administrator developed an audit tool to include:- Topics, dates, credits of training. Date of chart filing. See attachment.

On 8/17/26 the administrator will audit chart X 3 days then monthly X 12 months. See attachment.

The administrator will make up the hours in 2026, for a total of 36 hours to be completed by 12/31/26.

Administrator trainings will be completed from a Department-approved source.

By 9/10/26, the administrator will complete 12 hours of training from department approved source. (DIRECTED: Documentation of the administrator trainings shall be kept in accordance with 2600.64f. ) 9/3/26)

24 hours of additional trainings from Department-approved trainings will be scheduled for the rest of 2026 by the administrator. (DIRECTED: By 12/31/26: The administrator shall receive at least 24 hours of training from a Department-approved source. Documentation of the administrator trainings shall be kept in accordance with 2600.64f. ) 9/3/26)

DIRECTED: Beginning on 1/1/27: The administrator shall review their training documents at least quarterly to ensure compliance with 2600.64c. ) 9/3/26

Proposed Overall Completion Date: 09/03/2026

Directed Completion Date: 09/10/2026

Implemented ( ) - 09/16/2026)

## 95 - Furniture and Equipment

## 2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

## Description of Violation

At approximately 10:00am, the overhead light in the 2nd floor bathroom would not stay on, and the light switch to this light was covered with tape.

## Plan of Correction

Directed ( ) - 09/03/2026)

A resident had taped the switch claiming ) was saving energy. On 8/3/26 at 4 PM, the administrator removed

**95 - Furniture and Equipment (continued)**

*the tape, the switch & light are working properly. See picture*

*On 8/3/26, at 415 PM, the administrator made rounds on bathrooms 101A/101B/201A & 202B and ensured the switches and lights were in proper condition. The administrator also made rounds in all areas of facility to ensure switches and lights were working properly*

*On 8/4/26 at 9 AM the administrator created an audit tool to ensure switches and lights are working properly. Starting 8/4/26, the administrator will make rounds daily X 1 Week then Weekly X 1 Month. See attachment PCHA will educate DCS and residents no tapes are allowed on switches to conserve energy. Facility needs adequate lighting for safety and to prevent incidents such as falls.*

*Education to staff and resident will continue during monthly quality assurance meetings.*

*The administrator will audit and inspect the entire home to ensure all furniture and equipment is in good repair, clean and free of hazards.*

*The administrator will audit the entire home daily X 1 Week then monthly X 12 months (DIRECTED: The audits shall begin on 9/8/26. [REDACTED] 9/3/26).*

*On 8/31/26 the administrator educated staff on 2600.95. Furniture and equipment must be in good repair, clean and free of hazards.*

*Educated will be completed on 8/31/2026 and documentation will be stored by administrator.*

*Staff will verbally notify administrator and record it in the facility's log book any issues with facility amenities that not clean or in poor condition.*

*Home's next quality management meeting is on 9/3/26. POC will be completed on 9/2/26. Documentation of the meeting will be stored by the administrator.*

*Proposed Overall Completion Date: 09/03/2026*

**Directed Completion Date: 09/08/2026**

**Implemented ([REDACTED]) - 09/16/2026)**

**103f - Refrigerator/Freezer Temps****3. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*At 10:07am, the temperature in the large upright freezer, located in the hallway, was 8 degrees Fahrenheit, and at 1:37pm, it was 6 degrees Fahrenheit.*

**Plan of Correction**

**Accept ([REDACTED]) - 09/03/2026)**

*On 8/4/26, 10AM the administrator contacted fridge manufacturer's company, they recommended pulling the fridge off the wall, cleaning the radiator and fan. The administrator pulled the fridge off the wall, cleaned radiator and fan.*

*At 2 PM the temperature was -2 degrees. See picture*

*On 8/5/26, at 9 AM, the administrator developed a fridge temperature log. The administrator will take logs daily 9*

**103f Refrigerator/Freezer Temps (continued)**

AM & 9 PM for a month, then twice each month. See attachment

Beginning 8/27/26 The administrator will audit the fridge and freezer temperature ,daily X one month then monthly X 12 Months

The temperature logs will be stored by the administrator

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented ( ) - 09/16/2026)

**132a - Monthly Fire Drill****4. 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 November, 2025.

**Plan of Correction**

Accept ( ) - 09/03/2026)

A fire drill audit sheet was created by the administrator on 8/6/26 at 9 AM. The audit sheet will have date of the month/fire drill conducted. The sheet will be hanged in the administrator's office reminder board. See attachment. On 8/6/26 the administrator will audit conducted fires drills daily X 1 Week then monthly see attachment.

The administrator will audit all fire drill records monthly X 12 Months to ensure long term compliance beginning 8/31/26

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented ( ) - 09/16/2026)

**132c - Fire Drill Records****5. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill record for the fire drill conducted on 9/26 at 0207 does not include the year and if the fire drill was conducted in the AM or PM.

**Plan of Correction**

Accept ( ) - 09/03/2026)

On 8/6/26, at 9AM the administrator developed an audit sheet to capture fire drills: Day/Month/Year/AM or PM. See attachment

**132c Fire Drill Records (continued)**

*On 8/7/26, at 2 PM the administrator will audit fire drills for date, month, year, AM or PM daily X 7 Days then monthly. See attachment*

*The administrator will audit all fire drill records monthly X 12 Months to ensure long term compliance beginning 8/31/26*

**Licensee's Proposed Overall Completion Date:** 09/03/2026

**Implemented (█ - 09/16/2026)**

**184a - Resident's Meds Labeled****6. 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**

*Resident #1 is currently prescribed Lispro 100u/ml insulin pen Inject 3 times in accordance with the following sliding scale: less than 70, call MD; 70 90 2 units; 91 119 3 units; 120 150 5 units; 151 200 7 units; 201 250 9 units; 251 300 11 units; 301 350 13 units; 351 400 15 units; 401 450 17 units; greater than 451, call MD; however, the pharmacy label for resident #1's Lispro insulin indicates a sliding scale of "301 250 13 units" as an entry for the sliding scale instructions.*

**Plan of Correction**

**Directed (█ - 09/03/2026)**

*On 8/3/26, the administrator called pharmacy, the sliding scale was corrected and sent to facility. See attachment  
The administrator created a tool that will audit pharmacy sliding scale and match it with MD ordered sliding scale.  
See attachment*

*From 8/4/26, at 9AM, the administrator will audit pharmacy sliding scale and MD ordered sliding scale daily X 7 Days then monthly during change overs. See attachment.*

*The administrator reeducate all staff persons qualified to administer medications, including the 5 rights are followed for each medication pass.*

*Date of education completion 8/31/26. The administrator will be responsible for conducting the education and storing the documentation.*

*The administrator will audit all medications on 9/1/26 25% MAR, then on 9/2/26 25% MAR then on 9/3/26 25% MAR & on 9/4/26 25% MAR (DIRECTED: The audits shall also include a review of all pharmacy labels from the resident sample size to ensure compliance with 2600.184a. █ 9/3/26).*

## 184a - Resident's Meds Labeled (continued)

Beginning 10/1/26 the administrator will audit 25% MAR monthly during change overs. (DIRECTED: The audits shall also include a review of all pharmacy labels from the resident sample size to ensure compliance with 2600.184a. [REDACTED] 9/3/26).

Proposed Overall Completion Date: 09/03/2026

Directed Completion Date: 09/04/2026

Implemented ([REDACTED]) - 09/16/2026)

## 185a - Implement Storage Procedures

## 7. 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 #1 is currently prescribed Lispro 100u/ml insulin pen-Inject 3 times in accordance with the sliding scale; however, resident #1's blood glucose readings were incorrectly documented on resident #1's August 2026 medication administration record (MAR) on numerous dates/times, to include the following:

| Date/Time           | MAR Reading | Glucometer Reading |
|---------------------|-------------|--------------------|
| • 8/2/26 at 6:48pm  | 192         | 268                |
| • 8/2/26 at 10:44am | 160         | 236                |
| • 8/2/26 at 7:16am  | 154         | 184                |
| • 8/1/26 at 4:52pm  | 174         | 219                |

## Plan of Correction

Directed ([REDACTED]) - 09/03/2026)

On 8/5/26, at 5 PM, administrator audited MAR, [REDACTED]

During audit, administrator discovered resident had 2 Accu Check machines. See pic

Resident was also requesting random accu checks

MD was called by the administrator on 8/6/26 at 11 AM, advised to only use only one acu check machine. To call [REDACTED] for random acu check. For Random acu checks, recordings will be entered at the back of the MAR with the date, time, results.

The administrator labeled Acu Check machine with resident's name & marked it as X. See picture.

The administrator developed an audit too to audit the Acu Check Machine/Time/Results/Insulin Administration daily X 30 days. See Attachment.

The 2 glucometers belonged to this resident, [REDACTED]

1 glucometer was removed from the med cart by the administrator and stored in the office on 8/27/26

## 185a Implement Storage Procedures (continued)

The administrator will begin daily audits beginning on 8/27/26 X 1 Week then Weekly X 4 Weeks then monthly X 12 Months (DIRECTED: The MAR's and glucometers for all residents prescribed blood glucose checks shall be included in each audit to ensure accurate and complete blood glucose documentation is present. [REDACTED] 9/3/26).

The administrator reeducate all staff persons qualified to administer medications on the home's medication administration procedures, which includes ensuring accurate and complete blood glucose readings and blood glucose reading documentation and use on only one glucometer. Education completed on 8/31/26. The administrator will keep documentation of the education.

Proposed Overall Completion Date: 09/03/2026

**Directed Completion Date:** 09/03/2026

**Implemented** ([REDACTED]) - 09/16/2026

## 187a - Medication Record

## 8. Requirements

2600.

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

6. Dose.

## Description of Violation

Resident #1 is currently prescribed Lispro 100u/ml insulin pen Inject 3 times in accordance with the following sliding scale: less than 70, call MD; 70 90 2 units; 91 119 3 units; 120 150 5 units; 151 200 7 units; 201 250 9 units; 251 300 11 units; 301 350 13 units; 351 400 15 units; 401 450 17 units; greater than 451, call MD; however, resident #1's August 2026 MAR indicates a sliding scale of "301 250 13 units" as an entry for the sliding scale instructions.

## Plan of Correction

**Directed** ([REDACTED]) - 09/03/2026

On 8/5/26, at 5 PM, administrator audited MAR, [REDACTED].

During audit, administrator discovered resident had 2 Accu Check machines. See pic

Resident was also requesting random accu checks

MD was called by the administrator on 8/6/26 at 11 AM, advised to only use only one acu check machine. To call [REDACTED] for random acu check. For Random acu checks, recordings will be entered at the back of the MAR with the date, time, results.

The administrator labeled Acu Check machine with resident's name & marked it as X. See picture.

The administrator developed an audit too to audit the Acu Check Machine/Time/Results/Insulin Administration daily X 30 days. See Attachment.

On 8/27/26 the pharmacy was called by the administrator and the MAR was corrected.

The resident [REDACTED] had two machines from [REDACTED] hospital [REDACTED]

**187a Medication Record (continued)**

The second glucometer was removed by the administrator on 8/26/26

The administrator re educated all staff persons qualified to administer medications the home's medication administration procedures, which includes ensuring the 5 rights are followed for each medication pass. The use of only glucometer and to call MD for random accu checks. Education completed on 8/31/26. The administrator will store education documentation.

The administrator shall audit 25% of resident MAR's and pharmacy labels on a monthly basis to ensure long term compliance. (DIRECTED: The audits shall begin on 9/8/26. [REDACTED] 9/3/26).

Proposed Overall Completion Date: 09/03/2026

Directed Completion Date: 09/08/2026

Implemented ([REDACTED]) - 09/16/2026)

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is currently prescribed Lispro 100u/ml insulin pen Inject 3 times in accordance with the following sliding scale: less than 70, call MD; 70 90 2 units; 91 119 3 units; 120 150 5 units; 151 200 7 units; 201 250 9 units; 251 300 11 units; 301 350 13 units; 351 400 15 units; 401 450 17 units; greater than 451, call MD. According to resident #1's August 2026 MAR, resident #1 was administered the incorrect amount of insulin on numerous dates/times, to include the following:

- On 8/2/26 at 6:48pm, resident #1's glucometer indicated a blood glucose reading of 268 and should have received 11 units of insulin; however, resident #1 only received 7 units of insulin
- On 8/2/26 at 10:44am, resident #1's glucometer indicated a blood glucose reading of 236 and should have received 9 units of insulin; however, resident #1 only received 7 units of insulin
- On 8/1/26 at 4:52pm, resident #1's glucometer indicated a blood glucose reading of 219 and should have received 9 units of insulin; however, resident #1 only received 7 units of insulin

**Plan of Correction**

Directed ([REDACTED]) - 09/03/2026)

On 8/5/26, at 5 PM, administrator audited MAR, [REDACTED].

During audit, administrator discovered resident had 2 Accu Check machines. See pic

Resident was also requesting random accu checks

MD was called by the administrator on 8/6/26 at 11 AM, advised to only use only one acu check machine. To call [REDACTED] for random acu check. For Random acu checks, recordings will be entered at the back of the MAR with the date, time, results.

**187d Follow Prescriber's Orders (continued)**

The administrator labeled Acu Check machine with resident's name & marked it as X. See picture.

The administrator developed an audit too to audit the Acu Check Machine/Time/Results/Insulin Administration daily X 30 days. See Attachment.

During my audit and investigation. There was no improper insulin administrator. Because of use of the use 2 glucometers and patient requesting random acu checks that contradicted the entries. When the surveyor was inspecting, [REDACTED] only checked one glucometer.

One glucometer was removed.

The MD was notified and advised to be called if resident request random acu check. Patient was educated and was agreeable.

Since the resident [REDACTED] had to machines from [REDACTED] hospital [REDACTED]

The administrator re educated all staff persons qualified to administer medications the home's medication administration procedures, which includes ensuring the 5 rights are followed for each medication pass. The use of only glucometer and to call MD for random accu checks. Education completed on 8/31/26. The administrator will store education documentation.

The administrator shall audit 25% of resident MAR's and pharmacy labels on a monthly basis to ensure long term compliance with 2600.187d. (DIRECTED: The audits shall begin on 9/8/26. [REDACTED] 9/3/26).

Proposed Overall Completion Date: 09/03/2026

Directed Completion Date: 09/08/2026

Implemented ([REDACTED] - 09/16/2026)

**225c - Additional Assessment****10. Requirements**

2600.

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

1. Annually.

**Description of Violation**

Resident #2's most recent assessment, dated [REDACTED] does not include diagnoses of pain, fluid overload and edema, as indicated on resident #2's most recent medical evaluation, dated [REDACTED]

**Plan of Correction**

Directed ([REDACTED] - 09/03/2026)

On 8/7/26/ at 9 AM RASP was updated to include pain/fluid overload/edema by the administrator. See attachment  
On 8/7/26 the administrator developed an audit sheet to ensure diagnosis in DME are captured on RASP. See Attachment

**225c - Additional Assessment (continued)**

*On 8/8/26 at 9AM the administrator audited 50% on charts to ensure diagnosis on DME are captured on RASP. See attachment*

*On 8/9/26 at 9 AM, administrator audited the other 50% of the charts . See attachment.*

*From 8/10/26 the administrator will audit charts daily X 1 Week, then weekly X 1 Month. See attachment.*

*The administrator shall audit 25% of resident MAR's and pharmacy labels on a monthly basis to ensure long-term compliance with 2600.187d.*

*The administrator will audit 25% of charts on 8/28/26, 25% on 8/29/26, 25% on 8/30/26 and 25% on 8/31/26.*

*Beginning 9/1/26 the administrator will be conducting monthly audits from 25% of total residents.*

*The audit will include a match of diagnosis of DME & RASP & ensuring all sections are filled in totality*

*The administrator will conduct monthly audit from 50% sample to total charts X 12 months. (DIRECTED: The audits shall begin on 9/8/26 to ensure accurate and complete resident assessments are present in accordance with 2600.225c. [REDACTED] 9/3/26).*

*Proposed Overall Completion Date: 09/03/2026*

**Directed Completion Date: 09/08/2026**

**Implemented ([REDACTED]) - 09/16/2026)**