

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

September 14, 2026

[REDACTED]
EVENING STAR LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2026 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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/26/2026*

Inspection Dates and Department Representative

08/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* Residents Served: *12*

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: *12*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

08/26/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2026*

09/08/2026 - POC Submission

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

Inspections / Reviews (*continued*)

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 3:45 p.m., resident [REDACTED] reported to direct care staff person A, the home's administrator, that direct care staff person B had stepped on [REDACTED] and intentionally kicked [REDACTED]. However, the incident of alleged physical abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and as of [REDACTED] at approximately 12:10 p.m. had not been reported to the Department of Aging verbally or in writing.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Resident [REDACTED] was recently admitted to PCH on 6/15/26

When I, the administrator interviewed [REDACTED] about the incident, [REDACTED] reported to me [REDACTED] didn't like staff A, [REDACTED] intention was to get [REDACTED] in trouble or get [REDACTED] fired. That is the reason the incident was not reported.

State department surveyor educated PCHA, whether the incident is an allegation, suspicious, or occurred, it should be reported to the department as only they can make a conclusion, PCHA verbalized understanding and will report all incidents to AAA promptly.

On 8/27/26, PCHA reviewed chapter 2600 15.a.

On 8/27/26, PCHA educated staff on chapter 2600 15.a. Education record will be filed and stored by PCHA. See attachment

On 8/26/26 the incident was verbally reported to AAA to [REDACTED] by the administrator

On 8/28/26 Act 70 paper report was faxed to AAA by the administrator

On 8/28/26, the administrator created a file with reportable incidents reporting instructions. The file includes Act 70 Form, DPW incident report form & instructions. Staff was educated on the file and it will be stored at the med cart for easy access, staff is aware of the storage.

On 8/27/26 the PCHA interviewed 25% of residents, on 8/28/26, 25%, on 8/29/26, 25% and on 8/30/26 the rest of 25%. Questionnaire focused if resident had experienced abuse currently or in the past, and if resident felt safe at the PCHA. See attachment.

On 8/27/26, the administrator interviewed staff, questionnaire asked if staff had witnessed staff A abusing residents. See attachment.

The administrator will continue to educate staff and residents about abuse during monthly QA meetings. The next QA meeting will be on 8/31/26

Starting 9/1/26, the administrator will interview a sample of 25% of the residents on 9/1/26 then 9/2/26, 25%

15a Resident Abuse Report (continued)

then on 9/3/26, and 9/4/26, 25%. PCHA will conduct this interviews monthly X 12 Monthly

POC completion date 8/31/26

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/14/2026)

16c - Written Incident Report**2. 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] at approximately 3:45 p.m., resident [REDACTED] reported to direct care staff person A, the home's administrator, that direct care staff person B had stepped on [REDACTED] and intentionally kicked [REDACTED]. However, the incident of alleged staff to resident physical abuse was not reported to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Resident [REDACTED] was recently admitted to PCH on 6/15/26

When I the administrator interviewed [REDACTED] about the incident, [REDACTED] reported to me [REDACTED] didn't like staff A, wanted to get [REDACTED] in trouble or get me fired. That is why the incident was not reported.

State department surveyor educated PCHA, whether the incident is an allegation, suspicious, or occurred, it should be reported to the department and it can make a conclusion, PCHA verbalized understanding and will report future incidents promptly.

The incident was emailed to department on 8/27/26. See attachment.

On 8/27/26, PCHA reviewed chapter 2600 16.c.

On 8/27/26, PCHA educated staff on chapter 2600 16.c. Education record will be filed and stored by the administrator

On 8/28/26, the administrator created a file with reportable incident reporting instructions. The file includes Act 70 Form, DPW incident report form & instructions. Staff was educated on the file and it will be stored at the med cart for easy access, staff is aware of the storage. See attachment

PCHA reviewed all incidents in the facility, as from 1/1/26, no reportable incidents found that were not reported to the department

POC completion date 8/31/26

Licensee's Proposed Overall Completion Date: 09/07/2026

16c Written Incident Report (*continued*)*Implemented* [REDACTED] - 09/14/2026)