

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

October 31, 2025

[REDACTED]
BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC
[REDACTED]

RE: BROOKDALE MT. LEBANON
1050 MCNEILLY ROAD
PITTSBURGH, PA, 15226
LICENSE/COC#: 43236

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2025 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: *BROOKDALE MT. LEBANON* License #: *43236* License Expiration: *09/11/2026*
 Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/20/2024* Issued By: *Labor and Industry*
 Type: *Other* Date: *07/31/2001* Issued By: *Mt Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/09/2025*

Inspection Dates and Department Representative

10/09/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *50*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

10/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/25/2025*

10/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2025*

Inspections / Reviews *(continued)*

10/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [REDACTED] at approximately 8:40 p.m., resident [REDACTED] experienced an unwitnessed fall, was found calling for help by direct care staff person A and reported a complaint of pain to the [REDACTED] and [REDACTED] of [REDACTED] body to direct care staff person B and direct care staff person C. However, emergency medical services (EMS) were not contacted until 9:54 p.m. and did not arrive at the patient until 10:10 p.m. The resident was transported to the hospital at 10:28 p.m. Resident [REDACTED] was admitted to the hospital with a diagnosis of [REDACTED] and [REDACTED] on date-of-death [REDACTED] due to [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/28/2025)

Retraining and education of staff conducted related to securing medical care for residents, when to call 911 for a hospice resident, addressing resident changes in condition and DHS regulation 2600.142a. Documentation of training will be kept. Health & Wellness Director and/or designee will monitor incident reports daily x60 days to ensure compliance with regulation 2600.142a and then at least monthly thereafter.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 10/31/2025)