

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

October 17, 2025

[REDACTED]  
SNH PENN TENANT LLC

[REDACTED]  
TWO NEWTON PLACE  
[REDACTED]

RE: OVERLOOK GREEN  
5250 MEADOWGREEN DRIVE  
PITTSBURGH, PA, 15236  
LICENSE/COC#: 45057

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2025 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: *OVERLOOK GREEN* License #: *45057* License Expiration: *07/01/2026*  
 Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/23/1994* Issued By: *L&I*  
 Type: *I-2* Date: *03/14/2018* Issued By: *Whitehall Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/12/2025*

**Inspection Dates and Department Representative**

*08/12/2025 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *128* Residents Served: *68*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Care; D Wing* Capacity: *23* Residents Served: *8*

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

**08/12/2025 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2025*

**09/05/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/30/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/14/2025*

Inspections / Reviews *(continued)*

09/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2025

10/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 the morning of [redacted] resident [redacted] designated person reported an allegation of neglect to a staff person present in the home involving direct care staff person A towards resident [redacted]; however, this incident was not reported to the Department until [redacted].

Plan of Correction

Directed ([redacted] - 09/16/2025)

- Abuse/neglect reporting guidelines were reviewed with all Direct Care Staff professionals on September 3, 2025 by the Executive Director.
- A staff education will be conducted by September 30, 2025 on regulation 2600.65i (DIRECTED: By 9/30/25: The administrator shall reeducate all current staff persons that all reportable incidents specified in 2600.16a are reported to the Department within 24 hours in accordance with 2600.16c. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 9/16/25
- Abuse/neglect reports will be immediately reported to the Executive Director or Director of Health and Wellness either verbally or via text message.
- The Director of Health and Wellness or designee shall review all internal incidents daily to ensure all reportable incidents specified in regulation 16a are reported to the Department within 24 hours in accordance with regulation beginning on September 16, 2025 on a continual basis.

Proposed Overall Completion Date: 09/16/2025

Directed Completion Date: 09/30/2025

Implemented [redacted] - 10/17/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

On the morning of [redacted], resident [redacted] rang [redacted] call bell numerous times to request staff assistance with changing [redacted] brief; however, direct care staff person A, who was assigned to provide care to resident [redacted] on this day, did not respond to resident [redacted] numerous call bells. As a result, resident [redacted] was left sitting in [redacted] brief for several hours until another direct care staff person came to provide care to resident [redacted]. Resident [redacted] assessment, dated [redacted], indicates resident [redacted] requires some physical assistance with toileting and requires total physical assistance with bladder and bowel management, and resident [redacted] support plan, dated [redacted] indicates direct care staff will provide all care needs to resident [redacted] for toileting, bowel and bladder management.

Plan of Correction

Directed [redacted] - 09/16/2025)

- Staff member A was immediately suspended once Executive Director was made aware and ultimately terminated

23a - Activities of Daily Living Assistance (continued)

on July 7, 2025.

- All Direct Staff Professionals will be re-educated on assisting resident ADLs within a timely manner by September 30, 2025 in accordance with regulation 65i. (DIRECTED: By 9/30/25: The administrator shall educate all direct care staff persons on ensuring all residents receive assistance with ADL's in accordance with their assessments and support plans. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/16/25).

- Director of Health and Wellness or designee will conduct weekly audits on Point Click Care to ensure ADLs are being completed and charted by all direct care staff professionals beginning September 16, 2025 for 60 days and then monthly on a continual basis to ensure compliance with regulation 65i.

DIRECTED: Beginning on 9/20/25: The administrator shall interview at least 4 residents per month for 6 months to ensure residents are receiving assistance with ADL's in accordance with 2600.23a. The interviews shall be conducted in private and documentation of the interviews shall be kept for 2 months. [REDACTED] 9/16/25

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: 09/30/2025

Implemented [REDACTED] - 10/17/2025)