

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

August 6, 2025

[REDACTED], VICE PRESIDENT OF HEALTHCARE OPERATIONS
NORTHLAND HEIGHTS LLC
[REDACTED]
[REDACTED]

RE: NORTHLAND HEIGHTS
4859 MCKNIGHT ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 45084

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2025, 07/08/2025 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: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *08/01/2025*
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/21/2020* Issued By: *Ross Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/08/2025*

Inspection Dates and Department Representative

07/07/2025 - On-Site: [REDACTED]
07/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *123* Residents Served: *67*
Special Care Unit
In Home: *Yes* Area: *2nd Floor* Capacity: *19* Residents Served: *13*
Hospice
Current Residents: *11*
Number of Residents Who:
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

07/07/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2025*

07/23/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: *08/04/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2025*

Inspections / Reviews *(continued)*

07/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/08/2025

08/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82a Poisons original containers

1. Requirements

2800.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 7/7/25 at approximately 11:54 a.m. in the private bathroom of resident room # [REDACTED] belonging to resident #1, there was a thirty-two ounce spray bottle approximately one-quarter full of purple liquid that was labeled "McKesson Perineal Skin Cleaner Rinse Free" in permanent marker that was not in the original labeled container and did not indicate if there was a poison warning for the substance within. The original product labeling was not available in the residence to review.

Plan of Correction**Accept ([REDACTED] - 07/23/2025)**

The spray bottle was removed immediately by Nursing Supervisor. Family was contacted by Nursing Supervisor on 7/7/25 and educated regarding 2800.82a and Northland Heights policy and procedure regarding poisonous materials labeling and storage. Audit of building completed by Department Managers to ensure all poisonous materials are stored in their original labeled containers with no additional findings.

All staff reeducated regarding 2800.82 and Northland Heights policy and procedure. Department Managers to audit for compliance monthly for the next six months.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED] - 08/06/2025)

123b Emerg. procedures posted

2. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

On 7/7/25 at approximately 1:10 p.m., the emergency operations for the assisted living residence and the local municipality were not posted in a public and conspicuous place in the residence.

Plan of Correction**Accept ([REDACTED] - 07/28/2025)**

The Administrator replaced the removed and missing documents immediately, presented to the inspector, and placed in conspicuous and public location. an additional copy has been placed with the posted POC and Waiver binder.

An audit will be performed by the receptionists every Monday for two months and at the beginning of each month for the following four months.

All staff will be educated on the location of the procedures and the documents required by regulation to be present. The Administrator will provide training to all the Department Managers. Each Department Manager will train their department staff. This will include all Receptionists, Cooks, Servers, Maintenance Aides, Housekeepers, Nurses, Personal Care Aides, Med Techs, and Recreation Aides.

Documentation of education will be kept in accordance with Regulations.

123b Emerg. procedures posted (*continued*)

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/06/2025

132d Evacuation

3. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

On 3/25/25 at 9:00 a.m. the residence conducted a fire drill with an evacuation time of 10 minutes and 0 seconds. However, the documentation of the supervised inspection by a fire safety expert, dated 4/15/24, indicated a safe evacuation time of 4 minutes and 24 seconds.

REPEAT VIOLATION 5/13/24 et. al.

Plan of Correction

Accept (█) - 07/28/2025

Upon the completion of the fire drill held on 3/25/25 outside of the safe evacuation time due to staff failure to call out an all clear on their designated floor, staff was reeducated by the Maintenance Director on the procedure and the importance of calling an all clear when the evacuation procedure is complete. A repeat unannounced fire drill was planned and held the following day on 3/26/25 and completed within the indicated safe evacuation time.

In the event of a failed fire drill in the future the administrator will, immediately:

- Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.*
- Conduct additional fire drills.*
- Determine if relocate residents who require special assistance with evacuation closer to exits or fire-safe areas would be appropriate.*
- Evaluate if additional staff is needed to meet the safe evacuation time specified by the fire safety expert within the past year.*

All Assisted Living residents shall be educated by the Administrator regarding 2800.132d regarding the requirement to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert. Documentation will be maintained by the residence.

All staff will be re-educated by the Administrator regarding 2800.132d regarding the requirement to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert. Documentation will be maintained by the residence.

The administrator or designee shall audit the fire drill record monthly to ensure an unannounced fire drill shall be held at least once a month to ensure residents are evacuated from the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified

132d Evacuation (continued)

in writing within the past year by a fire safety expert. Documentation of audits shall be kept.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/06/2025)

132g Fire drills – days/times

4. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The residence routinely holds sleeping hours fire drills as follows:

- 5/8/24 at 5:20 a.m.
- 11/8/24 at 5:30 a.m.
- 5/5/25 at 5:30 a.m.

REPEAT VIOLATION 5/13/24 et. al.

Plan of Correction

Accept (█) - 07/28/2025)

A successful fire drill was held on July 17, 2025 at 10:20 pm during sleeping hours.

The Maintenance Director and Administrator have been reeducated through review and discussion of 2800.132 with special attention to 2800.132g.

The Executive Director/ Administrator shall audit the fire drill record monthly to ensure fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/06/2025)