

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

August 26, 2025

[REDACTED]
HERITAGE GROVE AT PENN HILLS LLC
[REDACTED]

RE: HERITAGE GROVE AT PENN HILLS
LLC
7151 SALTSBURG ROAD
PITTSBURGH, PA, 15235
LICENSE/COC#: 45702

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2025 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: HERITAGE GROVE AT PENN HILLS LLC **License #:** 45702 **License Expiration:**

Address: 7151 SALTSBURG ROAD , PITTSBURGH, PA 15235

County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: HERITAGE GROVE AT PENN HILLS LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/22/1997 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**

Reason: Change Legal Entity **Exit Conference Date:** 07/30/2025

Inspection Dates and Department Representative

07/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** 24

Secured Dementia Care Unit

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

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 24

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 6 **Have Physical Disability:** 0

Inspections / Reviews

07/30/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/10/2025

08/06/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/13/2025

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/11/2025

Inspections / Reviews *(continued)*

08/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/13/2025

08/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:11 a.m. the ceiling fan vent located in the Shower Room across from resident room [redacted] had a layer of dark grey dust/lint measuring approximately one-eighth of an inch thick coating the surface of the fan vent.

At approximately 11:20 a.m. the ceiling fan vent located in the private bathroom of resident room [redacted] belonging to resident [redacted] had a layer of light grey dust/lint measuring approximately one-eighth of an inch thick coating the surface of the fan vent.

At approximately 12:09 p.m. the ceiling fan vent located in the private bathroom of resident room [redacted] belonging to resident [redacted] had a layer of dark grey dust/lint measuring approximately one-eighth of an inch thick coating the surface of the fan vent.

At approximately 12:18 p.m. the ceiling fan vent located in the staff and visitor bathroom adjacent to the home's dining room had a layer of dark grey dust/lint measuring approximately one-eighth of an inch thick coating the surface of the fan vent.

Plan of Correction

Directed [redacted] - 08/08/2025)

All ceiling vents were cleaned after the inspection. going forward ED provided education on ensuring all vents are cleaned weekly. ED/designee will monitor for dust weekly after rooms are cleaned for a month then monthly for 3 months to ensure compliance (see attached education sign in and monitoring form)

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [redacted] - 08/14/2025)

89b Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 11:20 a.m., the water temperature at the sink in resident room [redacted] belonging to resident [redacted] measured 122.5 degrees Fahrenheit.

At approximately 11:33 a.m., the water temperature at the sink in resident room [redacted], which belonged to resident [redacted] measured 121.4 degrees Fahrenheit.

89b Hot Water Temperature (continued)

At approximately 12:09 p.m., the water temperature at the sink in resident room [redacted] belonging to resident [redacted] measured 122.5 degrees Fahrenheit.

At approximately 12:18 p.m., the water temperature at the sink in the staff and visitor half bathroom located adjacent to the home's dining area, measured 122.5 degrees Fahrenheit.

Plan of Correction

Directed [redacted] - 08/08/2025)

After inspection ED had Maintenance Tech adjusted water tanks to ensure water temperatures are within regulation guidelines and ED educated staff on ensuring water temps are within regulation guidelines. MT/ designee will test water temps weekly for a month and then monthly for 3 months thereafter to ensure compliance. (See attached sign in sheet and sheet).

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [redacted] - 08/14/2025)

91 - Telephone Numbers

3. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 12:26 p.m. the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the telephone located on the desk in the activities room.

Plan of Correction

Directed [redacted] - 08/08/2025)

This was corrected immediately at time of inspection. ED educated staff regarding Emergency phone numbers being in place and will monitor weekly for a month then monthly for 3 months (see attached sign in sheet and monitoring form).

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [redacted] - 08/14/2025)

92 - Windows

4. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 11:46 a.m. there was no screen in the right-side window of the two windows in resident room [redacted] belonging to resident [redacted]

Plan of Correction

Directed [redacted] - 08/08/2025)

ED had Maintenance installed a new screen after the inspection as well as educating all staff to ensure all windows have screens at all times in good repair.

ED/ designee will monitor screens to ensure every window has a screen for 3 months (see attached sign in sheet and picture).

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [redacted] - 08/14/2025)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 12:38 p.m. in the home's dry storage area of the kitchen there was a 12-quart round and unlidded plastic container labeled "Spaghetti 6/25" that contained two opened and unsealed bags of dried pasta to included:

- a 10-pound bag of Fettucine that was approximately one-third full of dried pasta
- a 10-pound bag of Spaghetti that contained approximately nine pounds of dried pasta

Plan of Correction

Accept [redacted] 08/08/2025)

The opened packages were sealed and ED educated staff regarding the importance of all open products being sealed. ED/ designee will monitor for compliance weekly for a month then monthly thereafter for 3 months (see attached monitoring form and training sign in sheet).

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [redacted] - 08/14/2025)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107c Food/Water 3 Day Supply (continued)

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On [REDACTED] at 12:32 p.m. the home served 24 residents, requiring 72 gallons of emergency drinking water. However, the home's emergency water supply was ten individual five gallon water cooler jugs or 50 gallons of water and there was no contract with a local bottled water supplier to immediately deliver water in the event of a local emergency.

Plan of Correction

Accept [REDACTED] 08/08/2025)

Water was purchased to ensure there was the correct amount of emergency water on site. Educated staff regarding 3 day emergency water supply and ED/designee will monitor weekly for a month and then monthly for 3 months to ensure compliance (See attached picture and monitoring form).

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [REDACTED] 08/14/2025)

132c - Fire Drill Records

7. 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 home held fire drills on [REDACTED] and [REDACTED] and did not fully evacuate the home due to one resident refusing, however, the written fire drill record did not indicate the problems encountered with evacuation during each fire drill.

Plan of Correction

Directed [REDACTED] 08/08/2025)

ED retrained all staff regarding any issues that ay occur during all drills. ED/designee will monitor paperwork for fire drills monthly for 5 months (see attached training sheet and audit form).

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [REDACTED] - 08/14/2025)

132d - Evacuation

8. Requirements

2600.

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 home.

132d - Evacuation (continued)

Description of Violation

The home did not have fire safe areas designated in writing by a fire safety expert.

On [REDACTED] the home conducted a fire drill with 18 residents in the home, however, the fire drill record indicated that only 17 residents were evacuated to a public thoroughfare.

On [REDACTED] the home conducted a fire drill with 17 residents in the home, however, the fire drill record indicated "too cold to go outside and did not sound alarm to early" under problems encountered, and the 17 residents were not evacuated to a public thoroughfare.

On [REDACTED] the home conducted a fire drill with 21 residents in the home, however, the fire drill record indicated that only 20 residents were evacuated to a public thoroughfare.

On [REDACTED] the home conducted a fire drill with 23 residents in the home, however, the fire drill record indicated that only 22 residents were evacuated to a public thoroughfare.

Plan of Correction

Directed [REDACTED] - 08/08/2025)

Provided resident and staff education on evacuation policies and procedures. Documentation will be kept.

- Conduct additional fire drills.
 - Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.
- ED/designee will monitor paperwork for fire drills monthly for 5 months (see attached training sheet and audit form).

Proposed Overall Completion Date: 08/07/2025

DIRECTED

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [REDACTED] - 08/14/2025)

132i - Testing Fire Alarm

9. Requirements

2600.
132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

The home conducted a fire drill on [REDACTED] at 5:20 a.m., however, the fire drill record and staff interviews indicated the fire alarm was not set off during the drill.

Plan of Correction

Directed [REDACTED] - 08/08/2025)

ED discussed setting off the alarm during every fire drill and educated all staff. ED/ designee will monitor for compliance monthly for 5 months. (see attached audit form).

Proposed Overall Completion Date: 08/07/2025

132i Testing Fire Alarm (continued)**DIRECTED**

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 8/8/25

Directed Completion Date: 08/13/2025

Implemented [REDACTED] 08/14/2025)