pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MERIDIAN WOODS 25 BUSINESS LLC**
LEGAL ENTITY

To operate **COLONIAL OAKS OF SOUTH HILLS**
NAME OF FACILITY OR AGENCY

Located at **3800 OAKLEAF ROAD, PITTSBURGH, PA 15112**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **64**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 12, 2026** until **June 12, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457660**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: June 12, 2026

[redacted]
Meridian Woods 25 Business LLC
[redacted]

RE: Colonial Oaks at South Hills
3800 Oakleaf Road
Pittsburgh, Pennsylvania 15227
License #: 457660

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 30, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *COLONIAL OAKS OF SOUTH HILLS* **License #**: *45766* **License Expiration**:

Address: *3800 OAKLEAF ROAD, PITTSBURGH, PA 15227*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *MERIDIAN WOODS 25 BUSINESS LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *11/24/2025* **Issued By**: *Borough of Baldwin*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

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

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

Inspections / Reviews

04/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/23/2026*

05/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/04/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/26/2026*

Inspections / Reviews *(continued)*

06/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act (CIAA), Act 27 of 2008, prohibits smoking in public places and workplaces. The CIAA also requires that no smoking signs or the international no smoking symbol must be prominently posted and properly maintained where smoking is not permitted. However, at 9:30 a.m., there were no signs posted at the main entrance to the home indicating whether or not the home permits smoking.

The Care Facility Carbon Monoxide Alarms Standards Act – Enactment Act of June 23, 2016 indicates:
Section 3 Facility powers and duties.
(a) Installation. –
(1) An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from any fossil fuel-burning device or appliance . . ."
However, the home did not have carbon monoxide detectors as follows:
• At 10:54 a.m., there was no carbon monoxide detector near the laundry room across from room 31E on the Elm section. There are two natural gas heated dryers in this laundry room.
• At approximately 11:30 a.m., there was no carbon monoxide detector near the laundry room across from the Activities room. There are natural gas heated dryers in this laundry and the gas heated hot water boiler system is located in the room behind the laundry [captive to the laundry].

Plan of Correction ***Accept [redacted] - 05/20/2026)***

-On May 11th Maintenance placed 3 non smoking signs, one at front entrance on opposing side of the original non-smoking sign in the window, One in rear entrance by employee entrance, and one in the residential court yard gazebo.
-Starting June 1 Maintenance will do monthly signage check to ensure signs are still visibly posted.
-Administrator will review monthly audit at monthly safety meeting.

-Maintenance placed carbon monoxide detector in the Elm Lane near the staff lounge which is 16 feet from the laundry room on 5/8/26.
-Maintenance placed carbon monoxide detector near the entrance of Hickory court/Elm Lane by activities which is 16 feet from the laundry room on 5/8/26.
-Audit was performed by administrator to ensure carbon monoxide detectors were a min of 15ft away from laundry rooms on 5/11/26.
-Maintenance will maintain monthly audits to ensure carbon monoxide detectors main in working order starting June 1, 2026

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

85d - Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles *(continued)*

Description of Violation

At 12:00 p.m., the was an uncovered trash can containing several paper towels in the men's room near the administrator's office.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

-Maintenance placed lidded trashcan in men's bathroom on 5/1/26
-Administrator and Director of Wellness did audits to ensure all bathrooms and kitchens had lidded trash cans. 5/1/26
-Staff was educated on the importance of ensuring that all trashcan in bathrooms and kitchens have lids on them.
-Starting 5/3/2026 Administrator will do daily audit of men's bathroom to ensure lid is still placed on trash can until.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

89b - Hot Water Temperature

3. Requirements

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

Description of Violation

At approximately 9:50 a.m., the water temperature at the sink in the shared bathroom between resident rooms #48M and #49M measured 124.6 degrees Fahrenheit.

At approximately 9:55 a.m., the water temperature at the sink in the shared bathroom between resident rooms #43M and #44M measured 123.4 degrees Fahrenheit.

At approximately 12:00 p.m., the water temperature at the sink in the men's room near the administrator's office measured 125.4 degrees Fahrenheit.

At approximately 12:15 p.m., the water temperature at the sink in the shared bathroom between resident rooms #16H and #15H measured 128.1 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] 05/20/2026)***

-On 5/1/26 Maintenance had adjusted the water in the mixing valve to shared bathrooms of 48 & 49, 43 & 44, 16H and 15H and also the men's bathroom to make sure hot water temperature doesn't exceed 120 degrees Fahrenheit.
-Starting on 5/3/26 Maintenance will be performing water temp check every three days on Monday, Wednesday, and Friday. This will be ongoing.
-Audits on water temp will be reviewed monthly by administrator.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

96a - First Aid Kit

4. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit *(continued)*

Description of Violation

At 11:40 a.m., the home's only first aid kit located in the kitchen did not include a thermometer or eye coverings.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

-On 5/1/26 Administrator ordered supplies for resident first aid kit to include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, ever coverings and tweezers.
-On 5/8/2026 Director of Wellness placed ordered supplies in first aid kit for residents. Zip tied shut and placed in wellness office to be easily accessed by staff for residents.
Starting June 1, 2026, monthly audit on resident first aid kit will be performed but Director of Wellness to ensure everything is still secured. Director of Wellness will make sure kit is replenished after resident use.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

101r - Bedroom - shades/drapes/window covering

5. Requirements

2600.
101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

At approximately 10:30 a.m., the horizontal slatted blind on the window in resident room #[redacted] was difficult to lower and fell down when the maintenance person tried to lower it.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

-On 5/1/26 Maintenance replaced the blind in Room [redacted]
-On 5/3/26 Maintenance did a fully audit on other blinds in room to make sure they properly working.
-Starting June, 1, 2026 Monthly ongoing audits on blinds will be performed by maintenance/ housekeeping in ensure proper working order. Administrator will review audits during monthly safety meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

6. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 9:41a.m., there was no grab bar for the toilet in the stall on the right when facing the stalls in the community public restroom across from the beauty shop.

Plan of Correction ***Accept [redacted] 05/20/2026)***

-On 5/1/26 Administrator ordered assist bar for women's public bathroom across from beauty shop.
-On 5/7/26 Assist bar was installed by maintenance
-Starting June 1, 2026 Maintenance/ Housekeeping will continue monitor monthly for safety and security of

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

mounted unit. Administrator will review audits during monthly safety meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

123c - Evacuation Diagrams

7. Requirements

2600.
123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

At 12:25 p.m., the evacuation diagram posted to the right of the Activities Director's room did not include the line of travel to exit doors. The evacuation diagram was also incorrectly oriented. When looking at the diagram, it indicates there are hallways directly ahead and behind the "you are here" indicator. However, when standing facing the diagram, there are walls directly in front of and behind the observer. To exit the home while observing this evacuation sign, one would have to go down the hall to the right to an exit door or go down the hall to the left and exit through the main lobby.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

-On 5/1/2026 Maintenance moved the evacuation diagram to proper location and moved the "you are here" sign to its proper location.
-On 5/1/26 audit was conducted by administrator to make sure it was properly placed.
-Starting June 1, 2026 monthly on-going audit of signage will be done by Administrator.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

131e - Accessible Extinguishers

9. Requirements

2600.
131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

At approximately 11:00 a.m. the door for fire extinguisher cabinet near Room #9E was very difficult to open to access the extinguisher. Licensing representative was unable to open it.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

-On 5/1/26 Maintenance loosened the fire extinguisher cabinet near room 9E to open easily for access
-On 5/1/26 Maintenance conducted an audit on all fire extinguishers placed in the community to make sure they can open easily for accessibility.
-Starting June 1, 2026 Monthly audit will be conducted by Maintenance to make sure fire extinguishers are still easy to open for emergencies. Administrator will review audits during monthly safety meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 06/04/2026)

133.2 - Exit Signs Direction

10. Requirements

2600.
133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit routes from the bedroom hallways in the Maple section of the home, do not have a direct visual line to the nearest exit. However, the exit signs visible from the bedroom hallways did not have markings on them indicating the direction to the emergency exits.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

- On 5/1/26 Maintenance moved the markings to indicate the correct direction to the emergency exits.
-On 5/1/26 Administrator did walk through audit to make sure exit signs were pointed in the right direction for the emergency exits.
-Starting June 1, 2026 maintenance will perform monthly audits of emergency exit signs to make sure they are still indicating the proper direction of the emergency exit. Administrator will review audits during monthly safety meetings.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 06/04/2026)