



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LIFESPACE COMMUNITIES INC  
LEGAL ENTITY

To operate FRIENDSHIP VILLAGE OF SOUTH HILLS  
NAME OF FACILITY OR AGENCY

Located at 1296 BOYCE ROAD, UPPER SAINT CLAIR, PA 15241  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living-Special Care  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 102  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

**Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 32**

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 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 18, 2019 until November 18, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450770**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



November 20, 2019

Mr. Larry Smith  
Interim President CEO and  
CFO  
Lifespace Communities, Inc.  
4201 Corporate Drive  
West Des Moines, Iowa  
50266

RE: Friendship Village of South Hills  
1296 Boyce Road  
Upper St. Clair, Pennsylvania 15241  
License/COC #: 450770

Dear Mr. Smith:

As a result of the Department's Bureau of Human Services Licensing inspection on October 18, 2019, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

Mr. Larry Smith

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written in a cursive style.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosures  
License  
Violation Report

11/8/19

## Violation Report

## Facility Information

Name: *FRIENDSHIP VILLAGE OF SOUTH HILLS*License Number: *45077*Address: *1296 Boyce Road , UPPER ST CLAIR, PA 15241*County: *ALLEGHENY*Region: *WESTERN*

## Administrator

Name: *Jessica Ciancio*Phone: *724-941-3100*Email: *Jessica.ciancio@lifespacecommunities.com*

## Legal Entity

Name: *Lifespace Communities, Inc.*Address: *4201 Corporate Drive , WEST DES MOINES , IA, 50266*

## Certificate(s) of Occupancy

Type: *I-2*Date: *9/9/19*Issued By: *Township of Upper St. Clair*

## Staffing Hours

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

## Inspection

Type: *Initial*

BHA Docket #:

Notice: *Announced*Reason: *New*

## Inspection Dates and Department Representative

*10/18/2019 - On-Site: Scott Klein, LISA FLINNER-ALMAN*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *102*Residents Served: *0*

## Special Care Unit

In Home: *Yes*Area: *1st Floor*Capacity: *32*Residents Served: *0*

## 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*

85d Trash cans – kitchen/bath

Requirements

2800.

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

Description of Violation

At approximately 11:10 a.m. in the home's third floor finishing kitchen there is a small trash can to the right of the handwashing sink and to the left of the "prep sink" filled with trash. There is also a small trash can to the right of the handwashing sink in the dish washing area containing trash. There was no lid on either trash can

At approximately 11:30 a.m. in the home's third floor common men's restroom, there is a blue recycling bin being used as a trash can containing trash. There was no lid on the trash can.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Trash was immediately removed on 10/18/19. Trash cans without lids were immediately removed from all kitchen and bathroom areas on 10/18/19. Appropriate trash cans with lids have been placed in all bathrooms and kitchens throughout the community (please see attached picture #1, #2, & #3).

Ongoing compliance of regulation 2800.85d will be monitored by the Director of Dining, the Director of Environmental Services, Environmental Service Lead, Administrator, and designee. A designee will randomly check bathrooms and kitchen areas to ensure ongoing compliance monthly for the next 6 months. Documentation will be kept of random checks. Please see attached tracking log.

By 12/1/19: Checks shall be completed weekly. 11/12/19 *[Signature]*

Legal Entity Representative

Signature *[Signature]*

Printed Name and Title *Jessica Ciancio* Date *11/7/19*  
*Director of Assisted Living*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/12/19  
(Date)

Plan of correction implementation status as of 11/12/19  
(Date)

Fully Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)

Not Implemented

88a Floors, walls, ceilings, windows, doors

Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 9:50 a.m. in home's Memory Support special care unit common women's restroom there is a section of baseboard tile measuring approximately 4 1/2 inches high by 1 inch wide missing in the corner of the restroom opposite of the toilet.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Baseboard tile measuring 4 1/2 inches by 1 inch was replaced on 11/5/19 (please see attached picture #4). Facility was inspected by staff for any other deficiencies on 11/5/19.

Ongoing compliance of regulation 2800.88.a will be monitored by the Director of Environmental Services, Environmental Service Lead, and Administrator.

By 12/1/19: Monitoring shall be completed weekly. 11/12/19 *[Signature]*

Legal Entity Representative

*[Signature]*  
Signature

Jessica Ciancio, Director of Assisted Living  
Printed Name and Title

11/7/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/12/19 (Date)

Plan of correction implementation status as of 11/12/19 (Date)

Fully Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Not Implemented

89b Hot water temperature

Requirements

2800.

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

Description of Violation

At approximately 9:55 a.m. in the home's Memory Support special care unit kitchen and dining room area, the hot water temperature from the sink measured 126.4 degrees Fahrenheit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Water temperature was immediately lowered on 10/18/19 by Lecesse Construction with inspectors present. On 10/18/19 water temperature from the sink was measuring less than 120 degrees Fahrenheit. On 11/7/2019, water temperature in the memory care special support kitchen was measuring 103 degrees Fahrenheit (please see picture #5). Mixing valve was installed on 10/20/19 to ensure proper water temperature (see attached picture #12).

Ongoing compliance of regulation 2800.89.b will be monitored by the Director of Dining, Administrator, and designee. A designee will randomly check water temperature in the memory support special care unit kitchen and dining room area monthly to ensure ongoing compliance for the next 6 months. Documentation will be kept of random checks. Please see attached tracking log.

Legal Entity Representative

Jessica  
Signature

Jessica Ciancio, Director of 11/7/19  
Printed Name and Title Assisted Living Date

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The above plan of correction is approved as of 11/12/19  
(Date)

Plan of correction implementation status as of 11/12/19  
(Date)

Fully Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Not Implemented

101q Window coverings

Requirements

2800.

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

Description of Violation

Resident living units contain sheer curtains with thin transparent fabric that does not provide privacy for the living unit when drawn to include resident rooms #325, #225, and #201.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Curtains were immediately ordered and hung in room 201 (see attached photo #6 and #7). Additional curtains were ordered on 11/6/19 (see attached Bed Bath and Beyond receipts). No resident will occupy an apartment without curtains that provide privacy and cover the entire window when drawn.

Ongoing compliance of regulation 2800.101.q will be monitored by apartment inspections prior to move in. Apartment inspections will be completed by designated team members and monitored by the Admissions Coordinator, the Director of Environmental Services, Environmental Service Lead, and Administrator.

Legal Entity Representative

J. Ciancio  
Signature

Jessia Ciancio, Dir. Ass. & Adm. 11-19  
Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 11/12/19  
(Date)

Fully Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Not Implemented

102d Grab bars, hand rails, and slip-resistant surfaces

Requirements

2800.

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

Description of Violation

Common bathrooms do not have grab bars, hand rails, or assist bars in non-handicapped bathroom stalls to include one stall in the third floor women's restroom, one stall in the second floor women's restroom, and two stalls in the first floor women's restroom.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Additional grab bars were installed on 11/6/19 in the one stall in the third floor women's restroom, the stall in the second floor women's restroom, and both stalls in the first floor women restroom (please see attached photos #8, #9, #10, and #11).

Facility was inspected by staff for any other deficiencies on 11/5/19.

Ongoing compliance of regulation 2800.102.d will be monitored by the Director of Environmental Services, Environmental Service Lead, and Administrator.

By 12/1/19: Monitoring shall be completed monthly. 11/12/19

Legal Entity Representative

[Signature]  
Signature

Jessica Ciancio, Dir. Assit. Living 11-7-19  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 11/12/19  
(Date)

Fully Implemented

The above plan of correction was approved by [Initials]  
(Initials)

Not Implemented