

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

March 2, 2023

[REDACTED] ASSISTANT SECRETARY  
BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC  
[REDACTED]

RE: BROOKDALE MT. LEBANON  
1050 MCNEILLY ROAD  
PITTSBURGH, PA, 15226  
LICENSE/COC#: 43236

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/01/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *BROOKDALE MT. LEBANON* License #: *43236* License Expiration: *09/11/2023*  
 Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/13/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Incident* Exit Conference Date: *03/01/2023*

**Inspection Dates and Department Representative**

*03/01/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *56*

**Secured Dementia Care Unit**

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *27* Have Physical Disability: *0*

**Inspections / Reviews**

*03/01/2023 Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND