

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

July 3, 2024

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]

TWO NEWTON PLACE
[REDACTED]

RE: OVERLOOK GREEN
5250 MEADOWGREEN DRIVE
PITTSBURGH, PA, 15236
LICENSE/COC#: 45057

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2024 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: *OVERLOOK GREEN* License #: *45057* License Expiration: *07/01/2024*
 Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *128* Residents Served: *55*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care - D Wing* Capacity: *25* Residents Served: *10*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *26* Have Physical Disability: *2*

Inspections / Reviews

05/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2024*

06/24/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/03/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2024*

Inspections / Reviews *(continued)*

07/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/15/2024

07/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

According to resident [redacted] assessment and support plan completed [redacted], resident [redacted] requires the use of a Hoyer lift and two staff persons to be transferred from bed to chair, chair to bed, and chair to chair. Resident is scheduled to receive showers twice weekly in the shower room located in an area of the building away from the resident's bedroom. Resident [redacted] reports that [redacted] is undressed in [redacted] bedroom and covered with only a sheet and propelled in a wheelchair through common areas of the home to access the shower room.

Plan of Correction

Accept [redacted] - 07/02/2024)

- Administrator will conduct interviews starting [redacted] with [redacted] Residents a week for 3 months, then, 3 residents a month for 6 months to ensure compliance with 2600.42(c) regarding dignity and respect. See attached.

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented [redacted] - 07/03/2024)