

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

March 26, 2025

[REDACTED]
FAIR OAKS OPCO LLC
[REDACTED]

RE: FAIR OAKS SENIOR LIVING
2200 WEST LIBERTY AVENUE
PITTSBURGH, PA, 15226
LICENSE/COC#: 45286

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2024 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: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 09/05/2025
 Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: FAIR OAKS OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 137 Waking Staff: 103

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/09/2025

Inspection Dates and Department Representative

12/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 82

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 55 Have Physical Disability: 1

Inspections / Reviews

12/13/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2025

01/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/20/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/30/2025

Inspections / Reviews *(continued)*

01/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2025

03/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 3:45am, resident [redacted] contacted staff person B, Director of Clinical Services, to report an allegation of sexual abuse involving direct care staff person A towards resident [redacted] however, the allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at 10:51am.

Plan of Correction

Directed [redacted] - 01/31/2025)

Training on 15A will be on 1/31/2025 at 8:00 am and 3:00 pm for all staff. This training will be done by admin, compliance director and health director. Documentation will be kept. All appropriate phone numbers will be posted on each floor of home with detailed instructions on the steps to follow if abuse is reported or seen. This will be completed by Compliance Director by 1/16/2025. Documentation will be kept.

Administrator or designee will conduct a stand-up morning meeting at least bi-weekly at 9:30 am starting 1/23/2024 to discuss any possible reporting needs. Admin/Health Director/Compliance Director will all be responsible for timely reporting to AAA. Documentation will be kept. (DIRECTED: By 2/7/25: The administrator shall develop and implement procedures to ensure all allegations of abuse are the immediately reported to the local Area Agency on Aging in accordance with 2600.15a. The procedures shall include ensuring documentation of notification to the Area Agency on Aging is kept. Documentation of the procedures shall be kept. All staff persons responsible for reporting allegations of abuse to the Area Agency on Aging shall be educated on the new procedures by 2/10/25. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 1/31/25).

DIRECTED: By 2/20/25: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 1/31/25

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 02/20/2025

Implemented [redacted] - 03/26/2025)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 3:45am, resident [redacted] contacted staff person B, Director of Clinical Services, to report an allegation of sexual abuse involving direct care staff person A towards resident [redacted] Staff person B spoke with direct care staff person A via telephone on [redacted] at approximately 4:09am, and told direct care staff person A there was an allegation of abuse made against [redacted] and that [redacted] needed to leave the home. After speaking with staff person B, direct care staff person A returned to resident [redacted]'s bedroom alone and unsupervised, and was in resident [redacted]'s bedroom for approximately 1.5 hours, pleading with resident [redacted] numerous times to call staff person B back to withdrawal [redacted]

15b Supervisor Plan (continued)

allegations of abuse against direct care staff person A. Direct care staff person A did not leave the home until 5:55am.

Plan of Correction

Directed [redacted] - 01/31/2025)

Training on 15B will be on 1/31/2025 at 8:00 am and 3:00 pm. This training will be done by admin, compliance director and health director. This training is for all staff. This training will also include education/training on what to do when any employee who is named in an allegation of abuse needs suspended and removed from the home if the staff person(s) is/are currently working in the home at the time of receipt of the allegation. Documentation will be kept. All appropriate phone numbers will be posted on each floor of home with detailed instructions on the steps to follow if abuse is reported or seen. This will be completed by Compliance Director by 1/16/2025. Documentation will be kept.

Starting 1/30/2024 a shift supervisor will be present on each shift. This supervisor will report directly to the management team via text/communication app (Breakroom). This appointed staff member will be responsible for immediate suspension and removal from home. Documentation will be kept. (DIRECTED: By 2/10/25: All shift supervisors shall be educated on the home's new procedures to ensure any staff person named in an allegation of abuse is immediately suspended. If the staff person named in the allegation of abuse is present in the home at the time the allegation is received, the shift supervisor shall immediately locate the staff person in the home and escort them out of the building. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/31/25).

DIRECTED: Beginning on 2/3/25: The administrator/designee shall review all internal documentation daily to ensure any staff person named in an allegation of abuse is immediately suspended and escorted out of the home if the staff person is present in the home at the time the allegation of abuse is received. [redacted] 1/31/25

DIRECTED: By 2/20/25: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 1/31/25

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 02/20/2025

Implemented [redacted] - 03/26/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 3:15am, direct care staff person A entered resident [redacted]'s bedroom to provide resident [redacted] with incontinence care. At that time, direct care staff person A asked resident [redacted] if [redacted] could "do something for [redacted] to which resident [redacted] replied "yes". Direct care staff person A then unzipped [redacted] pants, pulled out [redacted] [redacted] grabbed resident [redacted]'s hand and placed it on [redacted] [redacted]. Direct care staff person A then left resident [redacted]'s bedroom. At approximately 3:45am, resident [redacted] contacted staff person B, Director of Clinical Services, to report the incident. Staff person B spoke with direct care staff person A via telephone on [redacted] at approximately 4:09am, and told direct care staff person A there was an allegation of abuse made against [redacted] and that [redacted] needed to leave the home. After speaking with staff person B, direct care staff person A returned to resident [redacted]'s bedroom alone and unsupervised,

42b Abuse (continued)

and was in resident [redacted]s bedroom for approximately 1.5 hours, pleading with resident [redacted] numerous times to call staff person B back to withdrawal [redacted] allegations of abuse against direct care staff person A. While in resident [redacted]s bedroom, direct care staff person A took resident [redacted]s telephone away from [redacted] and would not return it to resident [redacted] despite numerous requests made by resident [redacted] to have [redacted] phone returned to [redacted]. Direct care staff person A finally returned resident [redacted]s telephone to [redacted] prior to leaving the bedroom. Direct care staff person A did not leave the home until 5:55am. Resident [redacted] indicated the incident made [redacted] feel very afraid. After the incident occurred, staff person C, Administrator, and staff person D, Compliance Director, reviewed the home's video footage and confirmed direct care staff person A was in resident [redacted]s bedroom for approximately 1.5 hours after direct care staff person A was told to leave the home.

Plan of Correction

Directed [redacted] 01/31/2025)

Immediately on 11/27/2024 staff person A was terminated. Training on 42B will be on 1/31/2025 at 8:00 am and 3:00 pm. This training will cover reporting abuse, the proper steps to take when abuse is seen or reported, who to notify and the phone numbers to AAA. This training will be done by admin, compliance director and health director. This training is for all staff. Documentation will be kept. All appropriate phone numbers will be posted on each floor of home with detailed instructions on the steps to follow if abuse is reported or seen. This will be completed by Compliance Director by 1/16/2025. Documentation will be kept.

DIRECTED: By 2/10/25: All shift supervisors shall be educated on the home's procedures to ensure any staff person named in an allegation of abuse is immediately suspended. If the staff person named in the allegation of abuse is present in the home at the time the allegation is received, the shift supervisor shall immediately locate the staff person in the home and escort them out of the building. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/31/25.

DIRECTED: Beginning on 2/5/25: The administrator/designee shall interview at least 4 residents per week for 1 month then monthly thereafter to ensure residents are free from abuse/neglect. The interviews shall be conducted in private. Documentation of the resident interviews shall be kept. [redacted] 1/31/25

DIRECTED: By 2/20/25: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 1/31/25

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 02/20/2025

Implemented [redacted] - 03/26/2025)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] video cameras which record video were present in numerous common areas of the home, to include hallways where resident bedrooms are present.

42s - Privacy (continued)

Plan of Correction**Directed [REDACTED] - 01/31/2025)**

To ensure immediate compliance with the 2600.42s violation, effective on 1/30/2024 all video recording of common areas has been suspended. The front entrance/exit and back entrance/exit are the only areas that are currently being recorded, pending DHS review of our appeal to remove this violation.

DIRECTED: By 2/20/25: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept [REDACTED] 1/31/25

Fair Oaks respectfully requests that the Department consider the removal of this 42s violation. Fair Oaks believes itself to be in full compliance with both the letter and spirit of PA 2600.42s. This violation as indicated in the LIS calls out Fair Oaks's use of video recording in the common area hallways/corridors and directs that the use of cameras in common areas and corridors be limited to monitoring only. However, as revised on Aug 1, 2021, Section 42s of 55 Pa. Code Chapter 2600 states verbatim:

"Video recording of the home's entrances and exits and the interior corridors leading to entrances and exits is permitted, provided that:

1) Residents are informed at admission that these areas are subject to video recording

2) Signs indicating that images are being recorded are posted in the areas that are being recorded."

* Full compliance with condition [REDACTED] is met: All residents and families are informed at admission that areas are subject to video recording in accordance with 42s, and residents & families sign an acknowledgement of same with their resident agreement. [Copies of these executed acknowledgements are available to be provided to the Department upon request.]

* Full compliance with condition [REDACTED] is met: Signs are posted on each floor in a visible, accessible designated common area reiterating that video recording is in process. [Photographic evidence of this signage is available upon request,]

* All cameras are placed at exits and common areas. No camera is able or positioned to view inside a resident's private room.

* There are fire escape stairwells providing direct ingress/egress from all floors of the building to the exterior of the building, and as such, every resident floor does have the potential for individuals to enter or leave the building without passing through the main lobby or any other floor of the building.

* No Fair Oaks owned/managed cameras are present in ANY resident rooms, ensuring resident privacy within their private quarters.

It is Fair Oaks sincere intent to provide its residents in the City of Pittsburgh with a safe, comfortable, private, compliant, and accountable environment. Indeed, if it were not for these very cameras the evidence needed for Fair Oaks management, the Pittsburgh Police Department, and the Department of Human Services to conduct the thorough, accurate, and expedited investigation cited elsewhere in this LIS as code violations 15a, 15b, and 42b would not have been available and the ability to administer fair justice would have been jeopardized. Certainly, it is in Fair Oaks financial and regulatory best interest to follow the directive and turn off the recording of these areas. However, we hold ourselves as a company, family, and caregivers to the community we serve to a higher standard than that, and implore the Department to allow us to continue the video recording (as previously agreed to by each resident and family member residing at Fair Oaks).

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 02/20/2025

42s Privacy (continued)

Implemented (████) 03/26/2025)

251e Records Availability

5. Requirements

2600.

251.e. Resident records shall be made available to the resident and the resident’s designated person during normal working hours.

Description of Violation

On numerous dates from November 2023 through April 2024, resident █████s designated person requested resident █████s records from the home; however, as of █████, the home has not provided resident █████s records to resident █████s designated person.

Plan of Correction

Directed (████) - 01/31/2025)

The current admin started 12/8/2023. Unfortunately, the current admin is not aware of the reasoning behind the records not being sent prior to 12/8/2024. When the current admin did receive a request, █████ sent the request of records to the business office. Due to the business office not fulfilling this request, moving forward the admin will receive all request and provide the records personally.

Immediately on 12/19/2024 all records were sent to resident █████ designated person by admin/owner. Documentation has been kept. Moving forward all record requests will be answered/sent within 24 hours of request. Training on 251E will be done by Compliance director for all management on 1/14/2025. Documentation will be kept.

DIRECTED: By 2/20/25: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. █████ 1/31/25

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 02/20/2025

Implemented (████) - 03/26/2025)