

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

February 19, 2025

[REDACTED]
THE HAVEN AT NORTH HILLS LLC

[REDACTED]
C-O SUNSHINE RETIREMENT
[REDACTED]

RE: THE HAVEN AT NORTH HILLS
1 WINDSOR WAY
PITTSBURGH, PA, 15237
LICENSE/COC#: 44938

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2025 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: THE HAVEN AT NORTH HILLS License #: 44938 License Expiration: 11/01/2025
 Address: 1 WINDSOR WAY, PITTSBURGH, PA 15237
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: THE HAVEN AT NORTH HILLS 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 #:
 Reason: Complaint Exit Conference Date: 01/14/2025

Inspection Dates and Department Representative

01/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 60
 Secured Dementia Care Unit
 In Home: Yes Area: 1st Floor Capacity: 24 Residents Served: 15
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

01/14/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2025

02/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/19/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/19/2025

Inspections / Reviews *(continued)*

02/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], resident [redacted] was prescribed [redacted] sublingually every 4 hours. This medication was administered to resident [redacted] on [redacted] at approximately 9:00pm; however, was not administered again to resident [redacted] until [redacted] at approximately 5:30am.

Plan of Correction

Accept [redacted] - 02/03/2025)

Education was completed with staff members that administered medications and took orders on 10.4.24. Starting 10.4.24-a copy of all orders for residents are given to each floor to be a second check for all new orders. This process gives a second set of eyes to all new orders in the medication system to ensure that it is acute and correct according to MD order. If the order is not correct the med tech notifies the Health Services Director, and/or Designee prior to administering to ensure prescribers' directions are followed. Medication audits are completed for each med cart monthly and ongoing by community staff and by pharmacy staff during medication exchange. Additional education being provided to all Med Techs on 2.12.25, on regulation 2600.187.d. The pharmacy was notified via telephone call on 10.4.24 about times not being right on the order. MD was notified of errors and no adverse side effects on 10.4.25 Family was notified on 10.4.24 Hospice was notified on 10.4.24 and completed an assessment of residents verifying no adverse side effects on 10.4.24 DHS was notified on 10.4.24 Starting 2.2.25, the Health Services Director and/or Designee will audit 10 orders a week for 4 weeks, then monthly for 4 months then quarterly, to ensure compliance. Results will be reported to QA meetings, next meeting scheduled for 2.19.25

Proposed Overall Completion Date: 02/19/2025

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [redacted] - 02/19/2025)

233c - Key-Locking Devices

2. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At approximately 10:00am, no directions to operate the keypad were present at the secured dementia care unit (SDCU) door, which exits to the home's front lobby.

Plan of Correction

Accept [redacted] 02/03/2025)

On [redacted], the codes were placed on the wall for the door from memory care unit. An audit will be completed

233c Key Locking Devices (continued)

starting 1.14.25 daily for 3 weeks, then 3 times a week for 3 weeks then weekly for 3 weeks, then monthly on an ongoing basis as part of our safety rounds by the Executive Director and/or Designee. Results will be reported to the QA meeting on February 19, 2025

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [REDACTED] - 02/19/2025)