

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

January 17, 2025

[REDACTED]  
BROOKDALE SENIOR LIVING COMMUNITIES INC  
[REDACTED]

RE: BROOKDALE PENN HILLS  
7151 SALTSBURG ROAD  
PITTSBURGH, PA, 15235  
LICENSE/COC#: 43159

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/14/2025 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 PENN HILLS* License #: *43159* License Expiration: *03/26/2025*  
Address: *7151 SALTSBURG ROAD, PITTSBURGH, PA 15235*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/02/1997* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *01/14/2025*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: <i>26</i>	Residents Served: <i>17</i>		
<b>Secured Dementia Care Unit</b>			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: <i>3</i>			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>26</i>		
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>5</i>	Have Physical Disability: <i>0</i>		

**Inspections / Reviews**

01/14/2025 Partial  
Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**