

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

June 16, 2025

[REDACTED]
LIFESPACE COMMUNITIES INC
[REDACTED]

ATTN: ACCOUNTS PAYABLE
[REDACTED]

RE: FRIENDSHIP VILLAGE OF SOUTH
HILLS
1296 BOYCE ROAD
UPPER SAINT CLAIR, PA, 15241
LICENSE/COC#: 45077

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2025, 03/04/2025 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: FRIENDSHIP VILLAGE OF SOUTH HILLS License #: 45077 License Expiration: 11/18/2025
 Address: 1296 BOYCE ROAD, UPPER SAINT CLAIR, PA 15241
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: LIFESPACE COMMUNITIES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 09/09/2019 Issued By: Township of Upper St Clair

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 106 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/05/2025

Inspection Dates and Department Representative

03/03/2025 - On-Site: [REDACTED]
 03/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 102 Residents Served: 76

Special Care Unit
 In Home: Yes Area: 1st floor Capacity: 32 Residents Served: 30

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

03/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2025

04/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/12/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2025

Inspections / Reviews *(continued)*

05/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/15/2025

06/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence 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 3 separate occasions within the past year, numerous staff persons have witnessed and reported allegations of [redacted] involving residents [redacted] and [redacted] to staff person A, LPN/charge nurse; however, the residence did not report any of these allegations of [redacted] to the local Area Agency on Aging.

Plan of Correction

Directed [redacted] - 05/20/2025)

Upon being made aware of possible abuse on 2/26/25, Nurse Care Coordinator, made verbal report and completed mandatory abuse report to Area Agency on Aging and DHS. Updated reportable with investigation findings submitted on 4/7/25. All staff members to be re-trained on abuse reporting requirements and sexual behaviors in dementia by 6/6/25. Documentation of the staff education will be kept in accordance with 2800.65L. Nurses and supervisors to use abuse reporting tool to ensure timely reporting to AAA (see attached). Home updated policy and procedures on sexual expression on 5/1/25 (see attached). Home to reeducate staff by 6/6/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [redacted] 5/20/25). Ongoing compliance to be monitor for next 6 months through monthly staff interviews to ensure all concerns of possible abuse are being addressed and reported in timely manner. Memory Care Coordinator, Nurse Care Coordinator, and Administrator to interview 5 different team members per month in various departments. Interviews to start 6/1/25.

DIRECTED: Beginning on 5/23/25: The administrator/designee shall review all internal incidents daily to ensure any allegations of abuse are immediately reported to the local Area Agency on Aging in accordance with 2800.15a. [redacted] 5/20/25

Proposed Overall Completion Date: 06/06/2025

Directed Completion Date: 06/06/2025

Implemented [redacted] 06/16/2025)

15d Resident abuse notification

2. Requirements

2800.

15.d. The residence shall immediately notify the resident and the resident’s designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 3 separate occasions within the past year, numerous staff persons have witnessed and reported allegations of [redacted] involving residents [redacted] and [redacted] to staff person A, LPN/charge nurse; however, the residence did not report any of these allegations to resident [redacted] or [redacted]’s designated persons.

15d Resident abuse notification (continued)

Plan of Correction

Directed [redacted] - 05/20/2025)

Upon being made aware of possible abuse on 2/26/25, Nurse Care Coordinator and Memory Care Coordinator notified both residents' designated persons. On 4/7/25, Nurse Care Coordinator and Administrator notified both designated persons of investigation outcome. All staff members to be re trained on abuse reporting requirements and sexual behaviors in dementia by 6/6/25. Documentation of the staff education will be kept in accordance with 2800.65L. Nurses and supervisors to use abuse reporting tool to ensure timely reporting to responsible parties (see attached). Home updated policy and procedures on sexual expression on 5/1/25 (see attached). Home to reeducate staff by 6/6/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [redacted] 5/20/25). Ongoing compliance to be monitor for next 6 months through monthly staff interviews to ensure all concerns of possible abuse are being addressed and reported in timely manner. Memory Care Coordinator, Nurse Care Coordinator, and Administrator to interview 5 different team members per month in various departments. Interviews to start 6/1/25.

DIRECTED: Beginning on 5/23/25: The administrator/designee shall review all internal incidents daily to ensure immediate notification the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident is completed in accordance with 2800.15d. [redacted] 5/20/25

Proposed Overall Completion Date: 06/06/2025

Directed Completion Date: 06/06/2025

Implemented [redacted] - 06/16/2025)

16c Incident reporting

3. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 3 separate occasions within the past year, numerous staff persons have witnessed and reported allegations of [redacted] involving residents [redacted] and [redacted] to staff person A, LPN/charge nurse; however, the residence did not report any of these allegations of [redacted] to the Department.

Plan of Correction

Directed [redacted] - 05/20/2025)

Upon being made aware of possible abuse on 2/26/25, Nurse Care Coordinator, made verbal report and completed mandatory abuse report to Area Agency on Aging and DHS. Updated reportable with investigation findings submitted on 4/7/25. All staff members to be re trained on abuse reporting requirements and sexual behaviors in dementia by 6/6/25. Documentation of the staff education will be kept in accordance with 2800.65L. Home updated policy and procedures on sexual expression on 5/1/25. Home to reeducate staff by 6/6/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [redacted] 5/20/25). Nurses and supervisors to use abuse reporting tool to ensure timely reporting to DHS (see attached). Ongoing compliance to be monitor for next 6 months through monthly staff interviews to ensure all concerns of possible abuse are being

16c Incident reporting (continued)

addressed and reported in timely manner. Memory Care Coordinator, Nurse Care Coordinator, and Administrator to interview 5 different team members per month in various departments. Interviews to start 6/1/25.

DIRECTED: Beginning on 5/23/25: The administrator/designee shall review all internal incidents daily to ensure all incidents specified in 2800.16a are reported to the Department within 24 hours in accordance with 2800.16c. 5/20/25

Proposed Overall Completion Date: 06/06/2025

Directed Completion Date: 06/06/2025

Implemented - 06/16/2025)

42b Abuse/Neglect**4. Requirements**

2800.

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 9:45 AM, staff person B observed resident [REDACTED] massaging resident [REDACTED] over the resident's clothing while resident [REDACTED] was sitting in a wheelchair and sleeping in the residence's activity room. Staff person B indicated [REDACTED] had to remove resident [REDACTED] hand from resident [REDACTED] breast. Both residents reside in the residence's special care unit (SCU).

Residents [REDACTED] and [REDACTED] both reside in the residence's SCU. On at least 3 occasions, to include the following, staff persons witnessed residents [REDACTED] and [REDACTED] engaged in [REDACTED]. Numerous staff persons indicated residents [REDACTED] and [REDACTED] are in a sexual relationship and have been in this type of relationship for over a year. Staff persons indicated residents [REDACTED] and [REDACTED] are frequently observed holding hands and kissing in common areas of the residence. Resident [REDACTED] was interviewed and indicated [REDACTED] has more than a friendship with resident [REDACTED]; however, during resident [REDACTED] interview, [REDACTED] could not recall who resident [REDACTED] was and indicated [REDACTED] has not been in a relationship with anyone since [REDACTED] spouse passed away. Also, staff persons indicated resident [REDACTED] frequently calls resident [REDACTED] by [REDACTED] deceased spouse's name. Resident [REDACTED] most recent medical evaluation, dated [REDACTED], includes a diagnosis of unspecified [REDACTED] and the need for resident [REDACTED] to be served in a SCU, and resident [REDACTED] most recent assessment, dated [REDACTED], indicates resident [REDACTED] requires moderate supervision in the residence. Resident [REDACTED] most recent medical evaluation, dated [REDACTED], includes a diagnosis of [REDACTED] and the need for resident [REDACTED] to be served in a SCU, and resident [REDACTED] most recent assessment, dated [REDACTED] indicates resident [REDACTED] requires moderate supervision in the residence. Also, there is an addendum to both residents [REDACTED] and [REDACTED] support plans, dated [REDACTED] indicating "staff to ensure [resident [REDACTED]] and [resident [REDACTED]] are observed in common areas and not alone in apartments together w/o supervision until further notice".

- Approximately 1 month ago before lunch, staff person B observed residents [REDACTED] and [REDACTED] in resident [REDACTED] bed. Resident [REDACTED] was undressed and was straddling resident [REDACTED], who was in a supine position on the bed, with [REDACTED] pants pulled down to [REDACTED] ankles. Staff person B separated the 2 residents and assisted the residents with dressing. Staff person B reported the incident to staff person A, LPN/charge nurse.
- Before Thanksgiving, 2024 at approximately 10:00am, staff person C observed residents [REDACTED] and [REDACTED] naked in resident [REDACTED] bed. Resident [REDACTED] was in a supine position and resident [REDACTED] was leaning against resident [REDACTED]. Staff person C separated the 2 residents and assisted the residents with dressing. Staff person C reported the incident to staff person A, LPN/charge nurse.

42b Abuse/Neglect (continued)

- At approximately 2:00pm one day last year, staff person D observed residents [redacted] and [redacted] laying together in resident [redacted] bed. Resident [redacted] shirt was off and resident [redacted] pants were off. Staff person D separated the 2 residents and assisted the residents with dressing. Staff person D reported the incident to staff person A, LPN/charge nurse.

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 05/20/2025)

On 2/19/25, residents were immediately separated and resident 3 was assigned one on one supervision. Incident was immediately reported to AAA, responsible parties, and DHS. Resident 3 was issued a discharge notice on [redacted]. Resident 3 had one on one supervision until [redacted] discharged on [redacted].

Upon being made aware of possible abuse on 2/26/25, Nurse Care Coordinator, made verbal report and completed mandatory abuse report to Area Agency on Aging and DHS. Under the direction of DHS, Nurse Care Coordinator updated both resident's support plans on 2/26/25 to direct staff to supervise residents. Updated reportable with investigation findings submitted on 4/7/25. All staff members to be re trained on abuse reporting requirements and sexual behaviors in dementia by 6/6/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [redacted] 5/20/25). Home updated policy and procedures on sexual expression on 5/1/25. Home to reeducate staff by 6/6/25. Documentation of the staff education will be kept in accordance with 2800.65L. Ongoing compliance to be monitor for next 6 months through monthly staff interviews to ensure all concerns of possible abuse are being addressed and reported in timely manner. Memory Care Coordinator, Nurse Care Coordinator, and Administrator to interview 5 different team members per month in various departments. Interviews to start 6/1/25. (DIRECTED: Beginning on 6/1/25: The Memory Care Coordinator, Nurse Care Coordinator or Administrator shall also interview at least 5 different residents per month for 6 months to ensure residents are free from abuse/neglect. All interviews shall be conducted in private. Documentation of all staff and resident interviews shall be kept. [redacted] 5/20/25).

Proposed Overall Completion Date: 06/06/2025

Directed Completion Date: 06/06/2025

Implemented [redacted] - 06/16/2025)

225a1 Assessment – annually

5. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted], includes diagnoses of [redacted], [redacted] and [redacted]; however, these diagnoses are not indicated on resident [redacted] most recent assessment, dated [redacted].

225a1 Assessment – annually (continued)**Plan of Correction****Accept ([REDACTED] 05/20/2025)**

Resident [REDACTED] ASP was updated on 3/4/25 (see attached). All memory care ASP and ADMs to be audited for accuracy by 6/15/25. Memory Care Coordinator was retrained on proper completion of ASPs on 4/16/25 (see attached). Documentation of the staff education will be kept in accordance with 2800.65L. Administrator to audit all new and annual ASPs within 48 hours of completion for the next 3 months to ensure compliance. Documentation of audit to be kept. Audit to begin 4/16/25.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented [REDACTED] - 06/16/2025)