

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

December 2, 2025

[REDACTED]
PENNWOOD NURSING AND REHABILITATION CENTER LLC
[REDACTED]

RE: PENNWOOD NURSING AND
REHABILITATION CENTER
909 WEST STREET
PITTSBURGH, PA, 15221
LICENSE/COC#: 45019

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2025 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: PENNWOOD NURSING AND REHABILITATION CENTER **License #:** 45019 **License Expiration:** 07/21/2026
Address: 909 WEST STREET, PITTSBURGH, PA 15221
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: PENNWOOD NURSING AND REHABILITATION CENTER LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 09/25/2025

Inspection Dates and Department Representative

09/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10 **Residents Served:** 10

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 8 **Are 60 Years of Age or Older:** 8
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/25/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/20/2025

11/12/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/01/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/01/2025

Inspections / Reviews *(continued)*

12/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 11:17 p.m., staff person A, the home's administrator, submitted a complaint to the Department regarding an allegation of resident to resident [redacted] that occurred on [redacted]. Staff person A was asked to submit an incident report by the Department on [redacted]. Staff person A was again asked to submit an incident report during the onsite inspection on [redacted]. However, as of [redacted], an incident report has not been submitted to the Department.

Plan of Correction

Accept [redacted] - 11/12/2025)

In response to the violation on [redacted] at 1:17pm, staff person A, the home's administrator, submitted a complaint to the Department regarding an allegation of resident to resident [redacted] that occurred on 9/18/25. Staff person A was asked to submit an incident report by the Department on 9/23/25. An official incident report has been submitted correctly regarding the 9/19/25 incident. Immediate action was taken by the Administrator on 10/27/2025, by going to the website and filing out the proper incident form that was spoke of and notated as per the Department request to make aware that a complaint form was submitted by mistake instead of an incident report. An official incident report will be submitted by the Administrator correctly regarding the 9/19/25 incident. An education was given to the Administrator on 10/27/2025 by the Administrator in accordance with 2600. 16c to ensure that the proper reports are filled out at the proper times for the appropriated incidents. Monitoring started on 10/27/2025 by the Administrator by making sure there was a copy of the submitted incident report. An audit will be done annually by the Administrator.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/02/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most recent medical evaluation (DME) completed for resident [redacted] was completed on [redacted]. The resident's previous DME was completed on [redacted]

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 11/12/2025)

In response to the violation on [redacted] at 12:00pm, by the Department of Human Services of Pennsylvania Licensing, the most recent medical evaluation (DME) completed for resident [redacted] was completed on 4/25/25. The resident's previous DME was completed on 4/3/24. Immediate action was taken by the Administrator on 9/19/2025 and the updated 7/25/25 DME was secured and reviewed for accuracy and dates. The most recent date currently is 7-25-25 and the administrator will ensure that the next DME for resident #1 will be done annually (7-25-26). An education was given to staff and the Administrator on 9/19/2025 by the Administrator in accordance with 2600. 141b1 to ensure that all staff and the Administrator

141b1 Annual Medical Evaluation (continued)

understand, Annual Medical Evaluation regulations. Monitoring started on 9/19/2025 by the Administrator. An audit will be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 12/02/2025)

225c - Additional Assessment**3. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed [REDACTED]

Repeat Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/12/2025)

In response to the violation on 9/19/2025 at 12:30pm, by the Department of Human Services of Pennsylvania Licensing, the most recent assessment completed for resident [REDACTED] was completed on 7 25 25. Immediate action was taken by the Administrator on 9/19/2025 and the updated assessment was reviewed for accuracy and dates. The staff had put the current assessment in another place from the resident's folder. The Administrator found it in another place other than the file and returned it to the residents file along with making a copy of all RASP, DMES and MA51s for all residents. The most recent date currently is 4 5 25 and the Administrator will ensure that the next assessment for Resident [REDACTED] will be done annually (4 5 26). An education was given to staff and the Administrator on 9/19/2025 by the Administrator in accordance with 2600.225c to ensure that all staff and the Administrator understand, Additional Assessment regulations. Monitoring started on 9/19/2025 by the Administrator. An audit will be done every six months by the Administrator, ensuring that all assessments are in their respective places.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 12/02/2025)