

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

December 2, 2025

[REDACTED], VICE PRESIDENT
JUNIPER VILLAGE AT SOUTH HILLS LLC
1320 GREENTREE ROAD
PITTSBURGH, PA, 15220

RE: JUNIPER VILLAGE AT SOUTH HILLS
1320 GREENTREE ROAD
PITTSBURGH, PA, 15220
LICENSE/COC#: 45265

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2025, 10/28/2025 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: JUNIPER VILLAGE AT SOUTH HILLS License #: 45265 License Expiration: 07/12/2026
Address: 1320 GREENTREE ROAD, PITTSBURGH, PA 15220
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT SOUTH HILLS LLC
Address: 1320 GREENTREE ROAD, PITTSBURGH, PA, 15220
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/11/1996 Issued By: PA Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 10/28/2025

Inspection Dates and Department Representative

10/20/2025 - On-Site: [REDACTED]
10/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	96	Residents Served:	44
Secured Dementia Care Unit			
In Home:	Yes	Area:	3rd floor
Capacity:	26	Residents Served:	13
Hospice			
Current Residents:	5		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	44
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	19	Have Physical Disability:	0

Inspections / Reviews

10/20/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2025

11/25/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 12/01/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/02/2025

Inspections / Reviews (*continued*)

11/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/01/2025

12/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c8 - Smoking

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

Resident #1's contract, completed [REDACTED] indicates on page 11 of 41 that the "community does not permit smoking anywhere on its premises." However, the home does permit smoking outside of the building at the end of the extended porch.

Plan of Correction

Accept ([REDACTED] - 11/25/2025)

-Amendment to current resident contracts dated 11/25/2025 will be sent to residents/responsible parties that includes the following verbiage: "11.2 Smoking. Smoking is prohibited inside all buildings and living areas of the Community. Smoking is permitted only if and where the Community has established an outdoor designated smoking area, and only in accordance with the Community's rules and safety requirements. The Community may choose not to provide any designated smoking area, and may modify, restrict, relocate, or eliminate any such area at any time and in its sole discretion."

-Executive Director was educated by Regional Director of Operations on 11/19/2025 on Regulation 2600.25c8 to ensure the contract specifies the home's rules related to home services, including whether the home permits smoking.

-By 11/30/2025, all staff will be educated by Executive Director on home's smoking rules. Documentation of education will be kept in accordance with Regulation 2600.65(i).

-All future contracts were updated on 11/25/2025 to include the following verbiage: "11.2 Smoking. Smoking is prohibited inside all buildings and living areas of the Community. Smoking is permitted only if and where the Community has established an outdoor designated smoking area, and only in accordance with the Community's rules and safety requirements. The Community may choose not to provide any designated smoking area, and may modify, restrict, relocate, or eliminate any such area at any time and in its sole discretion."

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented ([REDACTED] - 12/02/2025)

42s - Privacy

2. 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

The contract for resident #2 completed [REDACTED], indicates on page 13 of 58 in Section X. Miscellaneous, c. Surveillance Equipment. "You, your family or the Responsible Party are not permitted to install or maintain any video, audio or other surveillance equipment in your Suite without first providing prior written request to the Residence Executive Director advising of the intent to use such equipment and acknowledging your understanding that such equipment is being used. Equipment must be pre-approved in writing by the Executive Director. Equipment is not permitted to violate the workplace privacy of any associate or privacy of any other resident. Surveillance Equipment connected to wifi network may result in an assessed daily charge."

Plan of Correction

Accept ([REDACTED] - 11/25/2025)

-Amendment to Resident #2's contract dated 11/25/2025 will be sent to Resident #2's responsible party that

42s - Privacy (continued)

reflects the following verbiage: "Voice-Activated and Video Capture Devices. The Resident may use personal voice-activated devices (including smart speakers, virtual assistants, cameras, or similar technology) within the Resident's room only in accordance with the Community's policies governing privacy, confidentiality, recording, and electronic monitoring. Use of such devices must not capture, record, transmit, or monitor conversations or activities of staff, other residents, visitors, or any other individuals without their prior written consent, as required by state and federal law. Residents may video record in their private rooms or with the written permission of all roommates in shared rooms. The Community may require that any device with recording or monitoring capability be disabled, restricted, or removed if it poses a privacy, safety, operational, or regulatory concern. The Community does not provide and is not responsible for the installation, setup, maintenance, connectivity, security, or functionality of any device owned by the Resident."

-All other resident contracts were audited by Executive Director on 11/17/2025. Upon auditing, there were 6 other resident contracts that needed updated verbiage to ensure the resident contract did not contain verbiage that restricts the right to privacy. All 6 other resident contracts that were found to be non-compliant will have addendums sent to responsible parties that reflect the following verbiage: "Voice-Activated and Video Capture Devices. The Resident may use personal voice-activated devices (including smart speakers, virtual assistants, cameras, or similar technology) within the Resident's room only in accordance with the Community's policies governing privacy, confidentiality, recording, and electronic monitoring. Use of such devices must not capture, record, transmit, or monitor conversations or activities of staff, other residents, visitors, or any other individuals without their prior written consent, as required by state and federal law. Residents may video record in their private rooms or with the written permission of all roommates in shared rooms. The Community may require that any device with recording or monitoring capability be disabled, restricted, or removed if it poses a privacy, safety, operational, or regulatory concern. The Community does not provide and is not responsible for the installation, setup, maintenance, connectivity, security, or functionality of any device owned by the Resident."

-Executive Director was educated by Regional Director of Operations on 11/19/2025 on Regulation 2600.42s to ensure the resident has the right to privacy of self and possessions.

-Future resident contracts have updated verbiage that does not include verbiage that restricts the right to privacy.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented (█ - 12/02/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, hired █ did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/24 – 12/31/24 staff training year.

Direct care staff person B, hired █ did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/24 – 12/31/24 staff training year.

65f - Training Topics (continued)

Plan of Correction

Accept (█ - 11/25/2025)

- Both direct care staff persons A & B received training on Service Plans for Assisted Living Facilities on 7/30/2025 and 7/27/2025, respectively.
- Executive Director educated Business Office Manager on 11/19/2025 on Regulation 2600.65f to ensure direct care staff persons are completing annual training on "instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan".
- By 11/30/2025, Business Office Manager or designee will audit all direct care staff training records to ensure all direct care staff persons complete the required annual training topics.
- Any required trainings that need to be completed will be assigned and completed by 12/31/2025.
- Starting 12/1/2025, Business Office Manager or designee will audit ten random employee training records weekly for four weeks, then ten random employee training records monthly for three months to ensure compliance. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█ - 12/02/2025)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person A, hired █ did not receive training in the following topics during the 1/1/24 – 12/31/24 staff training year:

- Fire safety completed by a fire safety expert . . .
- Resident rights.
- The Older Adult Protective Services Act

Direct care staff person B, hired █, did not receive training in fire safety completed by a fire safety expert during the 1/1/24-12/31/24 staff training year.

Plan of Correction

Accept (█ - 11/25/2025)

- Both direct care staff persons A & B will receive training on all required 2025 annual training topics by 12/31/2025 that includes fire safety completed by a fire safety expert, resident rights, and the Older Adult Protective Services Act.
- Executive Director educated Business Office Manager on 11/19/2025 on Regulation 2600.65g to ensure staff are trained in the required annual training topics.
- By 11/30/2025, Business Office Manager or designee will audit all staff training records to ensure all staff complete the required annual training topics.
- Any required trainings that need to be completed will be assigned and completed by 12/31/2025.
- Starting 12/1/2025, Business Office Manager or designee will audit ten random employee training records weekly for four weeks, then ten random employee training records monthly for three months to ensure compliance. Documentation of audits will be kept.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented () - 12/02/2025

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 10/28/25 at approximately 4:18 p.m., there was a bedside mobility device for resident #2 in resident room [redacted] that was not secured to the bed frame. The bedside device had an opening that measured 10" across X 14" high. There was no cover on the device.

On 10/28/25 at 4:22 p.m., there was a bedside mobility device for resident #3 in resident room [redacted] that was not secured to the bed frame; it was only slid under the mattress. The bedside device had a single opening that exceeded 4 3/4." However, the pillowcase that loosely covered the enabler would not prevent the risk of entrapment nor did it allow for safe gripping when being used.

Plan of Correction

Accept () - 11/25/2025

-Bedside mobility devices for Resident #2 and Resident #3 were removed immediately on 10/28/2025 by Executive Director.

-All other bedside mobility devices were audited by Executive Director on 11/17/2025 to ensure they were clean, in good repair and free of hazards.

-Executive Director educated Director of Environmental Services on 11/19/2025 on Regulation 2600.81b to ensure wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards.

- Starting on 12/1/2025, Director of Environmental Services or designee will audit bedside mobility devices weekly for six weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented () - 12/02/2025

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 10/20/25 at approximately 11:00 a.m., the exhaust fan was not operable in the 1st floor common restroom across from room 112. There is no window in this bathroom.

Plan of Correction

Accept () - 11/25/2025

-On 10/30/2025, the exhaust fan was fixed in the 1st floor common bathroom across from room 112.

86b - Bathroom (continued)

- All other exhaust fans in bathrooms were checked by Director of Environmental Services on 11/17/2025 to ensure the exhaust fans were in working condition.
- Executive Director educated Director of Environmental Services on 11/19/2025 on Regulation 2600.86b to ensure all bathroom exhaust fans were in working condition.
- Starting on 12/1/2025, Director of Environmental Services or designee will audit exhaust fans weekly for four weeks, then monthly for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented (█) - 12/02/2025

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 10/28/25 at approximately 3:45 p.m., the first aid kit kept in the copy room did not include a thermometer, breathing shield or eye coverings. All other first aid kits accessible to all staff were checked but none contained all the required items. Each of the first aid kits were missing at minimum a thermometer, breathing shield and eye coverings.

Plan of Correction

Accept (█) - 11/25/2025

- Each first aid kit was replaced and/or replenished by Executive Director on 11/7/2025 that included a thermometer, breathing shield, and eye covering.
- Executive Director educated Medical Concierge and Director of Wellness on 11/19/2025 on Regulation 2600.26a to ensure first aid kits include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers.
- Starting on 12/1/2025, Medical Concierge or designee will audit all first aid kits weekly for four weeks, then monthly for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented (█) - 12/02/2025

103f - Refrigerator/Freezer Temps

8. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/20/2025, at 11:29 a.m., the temperature of the refrigerator section of the stainless-steel French door refrigerator/freezer in the Bistro measured 44 degrees Fahrenheit. The freezer section of this unit measured 22 degrees Fahrenheit.

Plan of Correction

Accept (█) - 11/25/2025

- Upon observation on 11/17/2025, Executive Director noted refrigerator temperature was 38 degrees Fahrenheit

103f - Refrigerator/Freezer Temps (continued)

and freezer section was 0 degrees Fahrenheit.

-Executive Director educated Dining Director on 11/17/2025 on Regulation 2600.103f to ensure food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit and frozen food shall be kept at or below 0 degrees Fahrenheit.

-Starting 12/1/2025, Dining Director or designee will audit temperature of the refrigerator and freezer in the Bistro five times per week for four weeks, then weekly for four weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented (█) - 12/02/2025

183b - Meds and Syringes Locked

10. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/28/25 at 3:35 p.m. and still at 4:18 p.m., there were four red, white and blue medication capsules in a medication dosing cup setting on the night table in resident #4's unlocked and unattended room █

Plan of Correction

Accept (█) - 11/25/2025

-Immediately on 10/28/2025, Executive Director removed the four red, white, and blue medication capsules in a medication dosing cup that was sitting on the night table in resident #4's unlocked and unattended room █

-Executive Director educated Medical Concierge and Director of Wellness on 11/19/2025 on Regulation 2600.183b to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked.

-By 11/30/2025, all medication technicians will be educated by Director of Wellness on Regulation 2600.183b to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked.

-Starting 12/1/2025, Director of Wellness or designee will audit ten random resident rooms weekly for four weeks, then ten random resident rooms monthly for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█) - 12/02/2025

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is ordered blood glucose checks three times per day. The glucose readings in the resident's OneTouch Ultra 2 glucometer were incorrectly documented on the resident's October 2025 medication administration record (MAR) as follows:

10/19 3:11 p.m. glucometer reading was 391; the entry on the MAR at 4:00 p.m. was 319.

185a - Implement Storage Procedures (continued)

10/17 2:33 p.m. glucometer was reading 372; the entry on the MAR at 4:00 p.m. was 328.
 10/12 2:55 p.m. glucometer reading was 245; the entry on the MAR at 4:00 p.m. was 242.
 10/11 10:21 a.m. glucometer reading was 525; the entry on the MAR at 12:00 p.m. was 400.
 10/08 no reading in glucometer for 4:00 p.m.; the entry on the MAR at 4:00 p.m. was 265.
 10/6 10:55 a.m. glucometer reading was 354; the entry on the MAR at 12:00 p.m. was 351.

Plan of Correction

Accept (█ - 11/25/2025)

-Executive Director educated Medical Concierge and Director of Wellness on 11/19/2025 on Regulation 2600.185a to ensure the home develops and implements procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.
 -By 11/30/2025, all medication technicians will be educated by Director of Wellness on Regulation 2600.185a to ensure the home develops and implements procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.
 -Starting 12/1/2025, Director of Wellness or designee will audit five random resident medication administration records in comparison to glucometer readings weekly for four weeks, then five random resident medication administration records in comparison to glucometer readings monthly for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/02/2025)

187a - Medication Record**12. Requirements**

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.
 14. Name and initials of the staff person administering the medication.

Description of Violation

On 10/20/25 at 2:45 p.m., there was an entry on resident #1's October 2025 medication administration record (MAR) that indicated "hydroco/APAP tab 5-325mg – take 1 tablet by mouth 3 times a day as needed." However, this medication was discontinued on 9/3/25.

Plan of Correction

Accept (█ - 11/25/2025)

-Medication (hydroco/APAP tab 5-325mg – take 1 tablet by mouth 3 times a day as needed) for Resident #1 was discontinued on 9/3/2025.

187a - Medication Record (continued)

-Executive Director educated Medical Concierge and Director of Wellness on 11/19/2025 on Regulation 2600.187a to ensure medication records contain the following: 1. Resident's name. 2. Drug allergies. 3. Name of medication. 4. Strength. 5. Dosage form. 6. Dose. 7. Route of administration. 8. Frequency of administration. 9. Administration times. 10. Duration of therapy, if applicable. 11. Special precautions, if applicable. 12. Diagnosis or purpose for the medication, including pro re nata (PRN). 13. Date and time of medication administration. 14. Name and initials of the staff person administering the medication.

-By 11/30/2025, all medication technicians will be educated by Director of Wellness on Regulation 2600.187a to ensure medication records contain the following: 1. Resident's name. 2. Drug allergies. 3. Name of medication. 4. Strength. 5. Dosage form. 6. Dose. 7. Route of administration. 8. Frequency of administration. 9. Administration times. 10. Duration of therapy, if applicable. 11. Special precautions, if applicable. 12. Diagnosis or purpose for the medication, including pro re nata (PRN). 13. Date and time of medication administration. 14. Name and initials of the staff person administering the medication.

-Starting 12/1/2025, Director of Wellness or designee will audit five random resident medication administration records in comparison with medications in medication carts weekly for four weeks, then ten random resident medication administration records in comparison with medications in medication carts monthly for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█) - 12/02/2025)

233d - Electronic/Magnetic System**13. Requirements**

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

On 10/20/25 at 11:52 a.m., the emergency exit door to the stairwell next to room 314 on the home's secure dementia care unit has a keypad present with code posted that releases the magnetic locking system when the code is entered. However, the magnetic lock does not re-arm unless the code is re-entered into the keypad which cannot be done once an individual has exited the unit to the stairwell.

The emergency exit door to the stairwell by room 301 is the same as above.

Plan of Correction

Accept (█) - 11/25/2025)

-Director of Environmental Services updated posted code next to keypad at both emergency exit doors on home's secured dementia care unit on 10/30/2025 to ensure the magnetic lock re-arms after an individual exits the unit to both stairwells.

-Executive Director educated Director of Environmental Services on 11/19/2025 to ensure that doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

-By 11/30/2025, all staff will be educated by Executive Director on updated posted code next to keypads at both emergency exit doors on home's secured dementia care unit.

-Starting 12/1/2025, Director of Environmental Services will audit both emergency exit doors on the home's secured dementia care unit five times per week for four weeks, then weekly for three months to ensure the magnetic lock re-arms after an individual exits the unit to both stairwells. Documentation of audits will be kept.

233d - Electronic/Magnetic System *(continued)*

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/02/2025)