

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

December 23, 2025

[REDACTED], ADMINISTRATOR  
VINCENTIAN HOME INC  
111 PERRYMONT ROAD  
[REDACTED]  
PITTSBURGH, PA, 15237

RE: VINCENTIAN HOME  
111 PERRYMONT ROAD  
PITTSBURGH, PA, 15237  
LICENSE/COC#: 43153

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/12/2025, 11/13/2025 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: *VINCENTIAN HOME* License #: *43153* License Expiration: *10/27/2026*  
 Address: *111 PERRYMONT ROAD, PITTSBURGH, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

## Administrator

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

## Legal Entity

Name: *VINCENTIAN HOME INC*  
 Address: *111 PERRYMONT ROAD, [REDACTED] PITTSBURGH, PA, 15237*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/11/1997* Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *11/13/2025*

## Inspection Dates and Department Representative

11/12/2025 - On-Site: [REDACTED]  
 11/13/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *90* Residents Served: *79*

## Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Lane* Capacity: *10* Residents Served: *10*

## Hospice

Current Residents: *11*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *21* Have Physical Disability: *0*

## Inspections / Reviews

## 11/12/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2025*

## 12/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/19/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2025*

Inspections / Reviews *(continued)*

12/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 132e - Fire Drill Sleeping Hours

**1. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The last fire drill conducted during sleeping hours was on 10/2/25, at 1:25 a.m. However, the previous sleeping hours fire drill was conducted more than 6 months prior, on 3/21/25, at 1:18 a.m.*

**Plan of Correction**

Accept (█ - 12/10/2025)

*At the time of the inspection, the administration was re-educated on the regulatory requirement by the inspector. To avoid a repeat occurrence, the administrator and maintenance manager will proactively schedule the next sleeping hour fire drill within the required six-month time frame. Outlook calendar reminder scheduled for 03/19/2025 for both administrator and maintenance manager. Team will review the violation and plan of correction in the next scheduled quality management meeting on 12/18/25.*

**Licensee's Proposed Overall Completion Date: 12/18/2025**

Implemented (█ - 12/23/2025)

## 225a - Assessment 15 Days

**2. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #1's assessment, dated █ does not include the diagnoses of glaucoma that are indicated on the medical evaluation, dated █*

*Resident #2's assessment, dated █ does not include the diagnoses of shortness of breath, pain and hypercholesterolemia that are indicated on the medical evaluation, dated █*

*Resident #3's assessment, dated █ does not include diagnoses of atrial fibrillation, hyperlipidemia and edema that are indicated on the medical evaluation, dated █*

*Resident #4's assessment, dated █, does not include diagnoses of glaucoma, anxiety and nausea that are indicated on the medical evaluation, dated █*

**Plan of Correction**

Accept (█ - 12/10/2025)

*Following the inspection, assessment plans for resident 1-4 were updated to ensure the diagnosis on assessment plans and medical evaluation match. Administrator or designee will audit 5 resident's assessments and medical evaluations a week until all residents have been audited to ensure matching diagnoses on RASP and DME. Quality management meeting schedules for 12/18/2025. Team will review violation and POC at meeting. Records will be maintained for all audits and QA meeting notes.*

225a - Assessment 15 Days (continued)

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

Implemented (█) - 12/23/2025

225c - Additional Assessment

3. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #5's assessment, dated █ does not include diagnoses of hypothyroidism, GERD and prostatic hyperplasia that are indicated on the medical evaluation, dated █

Resident #6's assessment, dated █ does not include diagnoses of deep vein thrombosis and neuropathy that are indicated on the medical evaluation, dated █

Plan of Correction

Accept (█) - 12/10/2025

Following the inspection, assessment plans for resident 1-4 were updated to ensure the diagnosis on assessment plans and medical evaluation match. Administrator or designee will audit 5 resident's assessments and medical evaluations a week until all residents have been audited to ensure matching diagnoses on RASP and DME. Quality management meeting schedules for 12/18/2025. Team will review violation and POC at meeting. Records will be maintained for all audits and QA meeting notes.

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

Implemented (█) - 12/23/2025

233c - Key-Locking Devices

4. 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

On 11/12/25, at 12:01 p.m., the directions for operating the home's locking mechanism were not conspicuously posted near the emergency exit door, in the dining room, exiting to the courtyard, located in memory lane (SDCU).

On 11/12/25, at 12:08 p.m., the directions for operating the home's locking mechanism were not conspicuously posted near the emergency exit door, leading to outside walkway, located in memory lane (SDCU).

Plan of Correction

Accept (█) - 12/10/2025

During inspection when violation was pointed out to the administrator, administrator immediately moved directions for locking mechanism to a conspicuous location. Picture was sent to Lead licensing rep █ via text message. Please see attached photo that was sent. Re-education to maintenance director on ensuring directions are posted

**233c - Key-Locking Devices (continued)**

*in conspicuous area. Audits will be done and maintained by maintenance monthly to ensure directions for locking mechanisms are posted in conspicuous areas. Meeting will be held on 12/18/2025 for all staff regarding requirements and how to submit maintenance request if non-compliant. Record of meeting will be maintained. Violations will also be discussed in QA meeting on 12/18/2025. In addition, administrator met with DesignBox following the inspection to have more permanent signage design installed due to nature of area of violation and prevent possible resident removal in that area. Initial proposal attached from DesignBox.*

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

**Implemented (█ - 12/23/2025)**