

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

December 1, 2025

[REDACTED], EXECUTIVE DIRECTOR
PASSAVANT MEMORIAL HOMES
[REDACTED]
[REDACTED]

RE: PASSAVANT MEMORIAL HOMES-
CRAWFORD (759)
759 CRAWORD ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 45708

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2025 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: *PASSAVANT MEMORIAL HOMES-CRAWFORD (759)* License #: *45708* License Expiration: *08/28/2026*
 Address: *759 CRAWORD ROAD, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PASSAVANT MEMORIAL HOMES*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/04/2025* Issued By: *Ohio Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/17/2025*

Inspection Dates and Department Representative

11/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *4*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/17/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2025*

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*

Inspections / Reviews *(continued)*

12/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. 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

At approximately 11:03 a.m., the thermometer in the home's basement chest freezer labeled "#3" was inoperable. A new digital thermometer was placed in the home's freezer and at approximately 4:17 p.m. the temperature was checked again and measured two degrees Fahrenheit. There was assorted food in the freezer.

Plan of Correction

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

1) Immediate Action:

On November 17, 2025, after confirming this immediate action with the onsite Bureau of Human Services Licensing Representative, all contents of the food in the home's basement chest freezer labeled "#3" were removed and relocated between freezers labeled "#1" and "#2" in the home's basement. The temperatures of freezers labeled "#1" and "#2" were both below 0°F.

2) Corrective Action:

On November 17, 2025, chest freezer labeled "#3" was unplugged and is no longer utilized. A photo of the empty, unplugged chest freezer labeled "3", in the file entitled "Crawford (759) - Emptied Chest Freezer 3", is attached within the SansWrite platform. Further, chest freezer labeled "#3" will be removed from the home by November 28, 2025.

3) Preventative Action:

Passavant Memorial Homes will routinely complete temperature checks on all freezers at the home to ensure that all temperatures remain below 0°F.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented ([redacted]) - 12/01/2025)

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 initial assessment, dated [redacted], did not include assessments for [redacted] that were indicated on the resident's medical evaluation dated [redacted]

Plan of Correction

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

1) Immediate Action:

On November 17, 2025, resident #1's initial assessment dated [redacted] was updated to include assessments for [redacted] which were indicated on the resident's medical evaluation dated [redacted]

2) Corrective Action:

The Crawford (759) Personal Care Home ("PCH") Administrator will ensure that all residents' initial and annual assessments include assessments for all diagnoses listed on each resident's medical evaluation.

3) Preventative Action:

The Crawford (759) PCH Administrator and Assistant Administrator will be re-trained by November 28, 2025, on

225a - Assessment 15 Days (continued)

ensuring that all residents' initial and annual assessments include assessments for all diagnoses listed on each resident's medical evaluation. A copy of the in-service sheet for this re-training, in the file entitled "Crawford (759) - Resident Assessment-Support Plan In-Service", is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (█ - 12/01/2025)