

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

February 13, 2026

[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 01/05/2026, 01/06/2026 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: 11/18/2026  
 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: 115 Waking Staff: 86

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/06/2026

**Inspection Dates and Department Representative**

01/05/2026 - On-Site: [REDACTED]  
 01/06/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 102 Residents Served: 83

**Special Care Unit**  
 In Home: Yes Area: First Floor Capacity: 32 Residents Served: 32

**Hospice**  
 Current Residents: 6

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 32 Have Physical Disability: 0

**Inspections / Reviews**

01/05/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/21/2026

01/20/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/16/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2026

Inspections / Reviews *(continued)*

01/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/13/2026

02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b Resident equip – good repair

1. Requirements

2800.

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 [REDACTED] at 10:38am, resident # [REDACTED]'s bedside mobility device just slid under resident [REDACTED]'s mattress and was not securely attached to resident [REDACTED]'s bed.

REPEAT VIOLATION: [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] - 01/22/2026)

Resident [REDACTED]'s bed enabler was immediately fixed by maintenance staff on 1/6/26. Maintenance staff put on an entirely new bed enabler. The previous enabler was one purchased by the resident's family. Upon identification of the concern regarding bed enablers not being securely fastened to resident beds, an immediate audit was conducted (see attached). All resident beds equipped with bed enablers were inspected, and each bed enabler was verified to be properly and securely tightened. Effective 1/25/26, nursing staff and medication technicians will complete and sign off on a weekly verification to confirm that all bed enablers remain securely fastened and safe for resident use. Direct care aides will continue to monitor bed enablers as part of their monthly safety checklist. Any issues identified during weekly or monthly checks will be reported promptly to the RN Nurse Manager. A work order will be initiated, and maintenance will address and correct the issue. All nursing staff to be trained on new procedure by 2/13/26. Documentation of the staff education will be kept in accordance with 2800.65L.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] - 02/13/2026)

89a Hot/cold water pressure

2. Requirements

2800.

89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [REDACTED] at 11:18am, there was no hot water available at the sink in the common restroom next to the medication office in the residence's Special Care Unit (SCU). At the time of inspection, the hot water temperature of this sink was 44.8 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 01/22/2026)

Maintenance repaired the mixing valve on the sink on 1/5/26. Sink was measuring proper temperature after the repair. Maintenance to test all sinks in the community by 1/30/26 (see attached audit log). Maintenance to continue random audit of sink temperatures monthly testing 16 of the 192 sinks each month to ensure that all sinks are tested for hot and cold water on an annual basis. Documentation of weekly checks to be logged into TELS (maintenance electronic system).

Licensee's Proposed Overall Completion Date: 01/30/2026

89a Hot/cold water pressure (continued)

Implemented [redacted] - 02/13/2026)

89b Hot water temperature

3. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] 10:14am, the hot water temperature at the sink in the 1st floor women's common restroom was 125.8 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 01/22/2026)

Maintenance repaired the mixing valve on the sink on 1/5/26. Sink was measuring proper temperature after the repair. Maintenance to test all sinks in the community by 1/30/26 (see attached audit log). Maintenance to continue random audit of sink temperatures monthly testing 16 of the 192 sinks each month to ensure that all sinks are tested for hot and cold water on an annual basis. Documentation of weekly checks to be logged into TELS (maintenance electronic system).

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [redacted] - 02/13/2026)

91 Telephone Numbers

4. Requirements

2800.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On [redacted] there were no emergency telephone numbers posted on or by the telephone in the 2nd floor multipurpose room.

Plan of Correction

Accept [redacted] - 01/22/2026)

On 1/9/26, an emergency phone number list was immediately zip tied to phone. An audit of all public phones was completed on 1/14/26 to ensure compliance (see attached audit). All phone tags were present. IT Manager to ensure ongoing compliance through monthly audit for next 4 months (see monthly audit log). Monthly audits to begin in February. IT manager to audit 7 of the 23 phones each month.

Proposed Overall Completion Date: 01/20/2026

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [redacted] - 02/13/2026)

103d Storing food off the floor

5. Requirements

2800.  
103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] 10:26am, the following food items were stored on the floor in the kitchen walk-in cooler:

- A 50 pound box of potatoes
- A large box of romaine lettuce

Plan of Correction

Accepted [REDACTED] 01/22/2026)

We had received our produce truck delivery at 945am on 1/5/26. All produce was put in correct storage locations immediately after breakfast service. All food deliveries to be transported to carts upon delivery. All cooks and vendors to be in-serviced on new protocol by 1/30/26. Ongoing compliance to be ensured by Culinary Manager. Starting 1/25/26, Culinary Manager to randomly audit food storage area (cooler, freezer, and dry storage) once weekly for the next 2 months to ensure cooks are utilizing carts. Documentation of the staff education will be kept in accordance with 2800.65L.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/13/2026)

127a Portable space heaters

6. Requirements

2800.  
127.a. Portable space heaters are prohibited.

Description of Violation

On [REDACTED] at 1:50pm, there was a small black portable space heater in the living room area of resident [REDACTED]'s living unit.

Plan of Correction

Accepted [REDACTED] - 01/22/2026)

Portable space heater was not in use or plugged in. It was immediately removed. All maintenance and security team members were retrained on the prohibition of portal space heaters and the procedure to follow when a resident complains of heating and cooling issues after hours on 1/14/26 and 1/16/26 (see attached). Ongoing compliance and understanding to be ensured by Director of Plant Operations. Ensuring no space heaters are present in resident rooms was added to CNA monthly checklist. CNAs to check every resident room monthly for space heaters starting in February. All nursing team members to be trained by 2/13/26. Nurse Manager to ensure that CNAs are completing and turning in checklist monthly to Administrative Assistant. Nurse Manager and Administrative Assistant to report any concerns with checklist to Administrator or Director of Plant Operations. Checklist to occur ongoing and to be kept in binder for 3 months at a time. Documentation of the staff education will be kept in accordance with 2800.65L

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] - 02/13/2026)

162c Menus - posted

7. Requirements

2800.  
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c Menus - posted (continued)

Description of Violation

On [redacted], the only menu posted near the 3rd floor common dining room was dated [redacted] through [redacted]

Plan of Correction

Accepted [redacted] 01/22/2026)

The new menu for 1/12/26- 1/18/26 was posted by 10am on 11/5/26. Culinary to post a 3 week menu cycle to ensure that 1 week in advance is always posted. Ongoing compliance to be monitored weekly by Culinary Manager. Starting 1/25/26, Culinary Manager to record weekly audit for the next 2 months.

Licensee's Proposed Overall Completion Date: 01/26/2026

Implemented [redacted] - 02/13/2026)

184a Resident meds labeled

8. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] is currently prescribed [redacted] Instill 1 drop into both eyes at bedtime; however, resident [redacted] pharmacy label indicates [redacted] Instill 1 drop into both eyes twice daily.

Plan of Correction

Accepted [redacted] - 01/22/2026)

The RN Nurse Manager immediately verified the resident's medication orders and confirmed that the order in PCC was accurate, current, and had been updated following the resident's hospital discharge on 12/4. Upon review, it was identified that there was no "Directions Changed" sticker placed on the medication bottle to alert staff that the order had been modified at the time of the resident's readmission. The RN Nurse Manager placed a "Directions Changed" sticker on the medication bottle to ensure staff awareness of the updated order. All licensed nursing staff will be in-serviced on the proper medication red-lining process to ensure that all medication changes are accurately reflected in both PCC and on the medication bottle. Red-lining verification will require sign-off by the nurse receiving and transcribing the order and verification by the nurse on the next shift. Education and implementation will be completed by 2/13. Beginning 1/25/25, ongoing compliance to be monitored for next 3 months by nursing conducting bi-weekly medication audits of carts. Nursing to audit 5 residents to ensure medications in cart match all PCC orders, no expired medications, all eye drops, inhalers, and insulin are labeled correctly, and all PRN medications are present. Nurse Manager to oversee audit to ensure completion. Documentation of the staff education will be kept in accordance with 2800.65L.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [redacted] - 02/13/2026)

224a2 30 days prior to admission

9. Requirements

2800.

224a2 30 days prior to admission (continued)

224.a.2. An individual shall have a written initial assessment that is documented on the Department’s assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident [redacted]’s initial assessment is undated, so it is unable to be determined if resident [redacted]’s initial assessment was completed within 30 days prior to admission. Resident [redacted] was admitted to the residence on [redacted]

Plan of Correction

Directed [redacted] - 01/22/2026

Resident [redacted] ASP was completed within 72 hours of [redacted] admission on 1/9/25 on the department’s ASP form (see attached). Moving forward, the community will use the Department’s assessment form for all preliminary assessments. Marketing and Nurse Manager to be inserviced by 1/23/25 on new procedure. Marketing to start using department form immediately. Form must include the date of the assessment. Community to preform audit of all resident’s ASPs to ensure that all residents have a current ASP by 2/13/26. Ongoing compliance to be monitor by Nurse Manager signed off on all initial assessments prior to admission. Nurse Manager to ensure that all paperwork is properly dated.

DIRECTED: Beginning on 1/26/26: The administrator/designee shall review the records for the next 10 new resident admissions within 48 hours of admission to ensure an initial assessment is completed in its entirety within 30 days prior to admission in accordance with 2800.224a(2). [redacted] 1/22/26

Proposed Overall Completion Date: 02/13/2026

Directed Completion Date: 02/13/2026

Implemented [redacted] - 02/13/2026

224a4 Assessment form

10. Requirements

2800.

224.a.4. A residence may use its own assessment form if it includes the same information as the Department’s assessment form.

Description of Violation

Resident [redacted]’s initial assessment, dated [redacted], was not completed on the Department’s assessment form and does not include resident [redacted]’s medical history, medical conditions and current medical status and how they impact or interact with resident [redacted]’s service needs. Numerous diagnoses are indicated on [redacted]’s initial medical evaluation, dated [redacted], to include generalized [redacted] and [redacted], which are not indicated on resident [redacted]’s initial assessment.

Resident [redacted]’s initial assessment, dated [redacted] was not completed on the Department’s assessment form and does not include resident # [redacted]’s medical history, medical conditions and current medical status and how they impact or interact with resident [redacted]’s service needs. Numerous diagnoses are indicated on [redacted]’s initial medical evaluation, dated [redacted], to include [redacted] and [redacted], which are not indicated on resident # [redacted]’s initial assessment.

Resident [redacted]’s initial assessment, which is undated, was not completed on the Department’s assessment form and does not include resident [redacted]’s medical history, medical conditions and current medical status and how they impact or interact with resident [redacted]’s service needs. Numerous diagnoses are indicated on [redacted]’s initial medical evaluation, dated [redacted], to include [redacted] with [redacted]

**224a4 Assessment form (continued)**

and [REDACTED], which are not indicated on resident [REDACTED]'s initial assessment.

**Plan of Correction****Directed ( [REDACTED] - 01/22/2026)**

Residents [REDACTED] and [REDACTED] all had ASPs completed within the regulatory requirements to address a plan to meet every medical condition and need (see attached). Moving forward, the community will use the Department's assessment form. Marketing and Nurse Manager to be inserviced by 1/23/25 on new procedure. Marketing to start using department form immediately. Assessment must include all medical conditions. Community to preform audit of all resident's ASPs to ensure that all residents have a current ASP by 2/13/26 to address all medical conditions. Ongoing compliance to be monitor by Nurse Manager signing off on all initial assessments prior to admission. Nurse Manager to ensure that all medical conditions are being properly documented and a plan to meet each conditions need is documented on the assessment.

*DIRECTED: Beginning on 1/26/26: The administrator/designee shall review the records for the next 10 new resident admissions within 48 hours of admission to ensure an initial assessment is completed in its entirety and is documented on the Department's assessment form. [REDACTED] 1/22/26*

Proposed Overall Completion Date: 02/13/2026

Directed Completion Date: 02/13/2026

**Implemented ( [REDACTED] - 02/13/2026)**