

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

March 3, 2026

[REDACTED]  
JUNIPER VILLAGE AT FOREST HILLS LLC  
[REDACTED]

RE: JUNIPER VILLAGE AT FOREST HILLS  
107 FALL RUN ROAD  
PITTSBURGH, PA, 15221  
LICENSE/COC#: 43378

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026, 02/06/2026 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: JUNIPER VILLAGE AT FOREST HILLS License #: 43378 License Expiration: 09/19/2026  
 Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221  
 County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: JUNIPER VILLAGE AT FOREST HILLS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 02/06/1999 Issued By: Labor & Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 02/06/2026

**Inspection Dates and Department Representative**

01/29/2026 - On-Site: [REDACTED]  
 02/06/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 100 Residents Served: 60

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

Hospice  
 Current Residents: 11

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 28 Have Physical Disability: 0

**Inspections / Reviews**

01/29/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/20/2026

02/24/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/02/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2026

Inspections / Reviews *(continued)*

02/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/02/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

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

Resident [redacted] ceased-to-breathe on date-of-death [redacted] approximately 10:02 a.m. However, the resident’s death was not reported to the Department’s personal care home regional office or the Department’s personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until [redacted] at approximately 5:00 p.m.

Plan of Correction

Accept [redacted] - 02/25/2026)

The following plan of correction is provided for regulatory compliance purposes only and is not an admission of any wrongdoing or violation.

- 1 - The Leadership Team of JVFH will be provided education regarding the requirements of 2600.16.c. Education will be recorded in accordance with Regulation 2600.65i.
- 2 - A blank reportable form and directions for submission will be made available to managers on the Weekend Manager rotation to report a resident death if the ED or DOW is not available.
- 3 - The ED or designee will ensure the reportable is kept onsite.
- 4 - Starting 2/27/26, the E.D. or designee will complete a weekly audit of reportables to ensure compliance has been maintained. This audit will be stored in the E.D. office.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented ([redacted]) - 03/03/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [redacted] at approximately 9:00 a.m., the emergency exit doors as well as the emergency exit pathway from the home’s Wellspring corridor had approximately one foot of snow that covered the home’s outdoor recreation area and the wheelchair ramp to the home’s parking lot from the recreation area.

On [redacted] at approximately 9:06 a.m., there was approximately eight inches of snow on the steps to ground level from emergency exit #7 in the home’s Wellspring side stair tower.

On [redacted] at approximately 9:15 a.m., there was approximately six inches of snow on the steps to ground level from emergency exit #2 located in the stair tower of the One North corridor.

Plan of Correction

Accept [redacted] - 02/25/2026)

- 1 - Upon discovery, the affected pathways/stairs were immediately cleared by the Maintenance Department, while the Surveyor was still onsite.
- 2 - The Environmental Services department will receive education regarding the requirements of 2600.100.b. Education will be documented in accordance with Regulation 2600.65.i.

**100b Removal Snow/Obstructions (continued)**

3 Moving forward, the Environmental Services Director or designee will ensure snow is removed from exterior fire escapes and pathways/stairs/ramps. Starting 2/27/26, the Env Serv Dir or designee will perform daily rounds outside to ensure compliance, and will document that these areas are clear via an audit sheet, to be stored in the E.D. office.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [REDACTED] - 03/03/2026)

**227d - Support Plan Medical/Dental****3. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident [REDACTED] initial assessment, dated [REDACTED] was updated on [REDACTED] to include "start of wound care with OSPTA see consult notes." However, resident [REDACTED]'s support plan did not indicate the frequency or whether services were provided by OSPTA Home Health or OSPTA Hospice, and did not adequately describe a measurable change in the resident's care plan or the specific wound care to be provided by OSPTA.

REPEAT VIOLATION [REDACTED] et. al.

**Plan of Correction**

Accept [REDACTED] - 02/25/2026)

- 1 The Director of Wellness will be provided education regarding the requirements of 2600.227.d on 2/25/26 by the E.D. Education will be documented in accordance with Regulation 2600.65.1.
- 2 Resident #2's assessment was updated to reflect Hospice Services, including the frequency of visits and the care to be provided, on 2/10/26.
- 3 Care Plans of residents currently on Hospice will be reviewed by the Director of Wellness or designee to ensure services are appropriately noted by 2/28/26.
- 4 Ongoing, a weekly audit will be completed by the Director of Wellness or designee of all new admissions to Hospice/Home Health Services to ensure compliance. This audit will be stored in the E.D. office.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [REDACTED] - 03/03/2026)