

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

April 2, 2026

[REDACTED], PRESIDENT
ASBURY VILLAGE AND PLACE, LLC
[REDACTED]
[REDACTED]

RE: ASBURY PLACE
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243
LICENSE/COC#: 45555

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2026, 02/02/2026 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: ASBURY PLACE License #: 45555 License Expiration: 04/01/2026
 Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: ASBURY VILLAGE AND PLACE, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 01/05/1998 Issued By: Mt. Lebanon Pennsylvania

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 02/04/2026

Inspection Dates and Department Representative

02/02/2026 - On-Site: Vicki Tulenko, Cindy Kirsch
 02/02/2026 - On-Site: Vicki Tulenko, Cindy Kirsch

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 Residents Served: 35

Secured Dementia Care Unit

In Home: Yes Area: Entire license Capacity: 42 Residents Served: 35

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 35 Have Physical Disability: 0

Inspections / Reviews

02/02/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/12/2026

Inspections / Reviews (*continued*)

03/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/19/2026

03/18/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/31/2026

04/02/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/2/6 at approximately 11:01 a.m., there was a 160 count container of Super Sani-cloth germicidal disposable wipes with several wipes remaining under the unlocked, unattended cabinet under the sink in the Brown House kitchen. Manufacturer's warning label indicated: First Aid: Call a poison control center or doctor for treatment advice.

On 2/2/26 at 11:24 a.m., there was an unlocked, unattended housekeeping cart at the end of Meadow Lane hallway near room 216. The following poisons with warning labels were in the roll top section which had no locking device:

- A nearly full spray bottle with approx 30 oz of Ecolab Rapid Multi Surface Disinfectant Cleaner with warning: If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.
- A 24 oz spray bottle of Ecolab 73 Disinfecting Acid Bathroom Cleaner with 18 oz of pink liquid remaining with warning: If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

Not all residents, including resident #1, have been determined to be safe with poisons.

Plan of Correction

Accept (█) - 03/16/2026

Upon discovery of Super Sani-Cloth wipes accessible to residents, staff were immediately instructed to audit all kitchen areas to ensure no hazardous materials were accessible to residents. Magnetic locks were installed on kitchen doors to prevent unauthorized resident access.

The housekeeping cart identified as unattended and unlocked was secured with new locks on the same day the concern was identified.

To ensure ongoing compliance, the facility implemented environmental safety audits to ensure hazardous materials (including cleaning chemicals) are not accessible in resident rooms, common areas, or unattended housekeeping carts. Audits began 3/10/2026 and will include five random areas daily for three weeks. Audits will then occur three times per week for an additional four weeks. Audits will be completed by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The hand sink in the shower room across from Rm 307 was clogged and drained very slowly.

Plan of Correction

Accept (█) - 03/16/2026

Upon discovery that the handwashing sink in the shower room was clogged and draining slowly, maintenance was immediately notified and repaired the sink the same day.

85a - Sanitary Conditions (continued)

To prevent recurrence, the Administrator implemented daily environmental rounds that include monitoring water temperature, identifying clogged sinks or drains, and ensuring proper cleanliness of surfaces.
Beginning 3/10/2026, five random locations (resident rooms, common areas, kitchens, and other facility areas) will be inspected daily for three weeks. Audits will then transition to three times per week for an additional four weeks. Audits will be completed by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026)

89b - Hot Water Temperature**3. Requirements**

2600.

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

Description of Violation

On 2/2/26 at 11:41 a.m., the water temperature at the kitchenette sink in resident room #233 measured 124.1 degrees Fahrenheit.

On 2/2/26 at 11:50 a.m., the water temperature at the sink in the common restroom on Garden Way by room #224 measured 123 degrees Fahrenheit.

Plan of Correction

Accept (█) - 03/18/2026)

Upon discovery that the handwashing sink in the shower room was clogged and draining slowly, maintenance was immediately notified and repaired the sink the same day.
To prevent recurrence, the Administrator implemented daily environmental rounds that include monitoring water temperature, identifying clogged sinks or drains, and ensuring proper cleanliness of surfaces to ensure compliance is met for both regulations 2600.85a and 2600.89b
Beginning 3/10/2026, five random locations (resident rooms, common areas, kitchens, and other facility areas) will be inspected daily for three weeks. Audits will then transition to three times per week for an additional four weeks. Audits will be completed by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026)

100b - Removal Snow/Obstructions**4. 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 2/2/26 at 10:28 a.m., there was approximately 10-12" of snow covering the entire fenced in area outside of both of the glass door exits from the great room impeding egress to the gate of the fenced in concrete area.

100b - Removal Snow/Obstructions (continued)

On 2/2/26 at approximately 10:50 a.m., there was approximately 8"-10" of snow covering the walkways of the courtyard outside the exit door near room 311 impeding egress route to the fence gate.

On 2/2/26 at 11:10 a.m., there was a mound of snow approximately 20" high outside of the exit door blocking the egress path to the courtyard near room 333, and there was approximately 8-10" accumulation of snow covering the sidewalks leading to the gates to exit the fenced in courtyard.

On 2/2/26 at 11:20 a.m., there was approximately 8-10" accumulation of snow outside of the exit door at the end of the hall by room #216 in the Green House and along the sidewalks leading to the gates to exit the fenced in courtyard.

On 2/2/26 at 11:47 a.m., there was approximately 8-10" accumulation of snow outside the emergency exit near room #233 and along the sidewalks leading to the gates to exit the fenced in courtyard.

Plan of Correction**Accept (█ - 03/16/2026)**

Upon identification of excessive snow accumulation and obstruction of exit pathways, maintenance was immediately contacted and promptly cleared the snow to ensure exits and egress pathways were accessible and compliant.

To maintain compliance, the Administrator implemented daily environmental rounds that include monitoring snow accumulation, ensuring exit pathways remain clear, and verifying exit doors are unobstructed.

These audits began 3/10/2026 and will include five random locations inspected daily for three weeks, followed by three times per week for an additional four weeks. Audits will be conducted by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█ - 04/01/2026)**103e - Left Overs****5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/2/26 at 10:58 a.m., there was an unsealed, undated package of more than 20 layered bacon strips in the freezer section of the side-by-side refrigerator/freezer in the Brown House kitchen.

On 2/2/26 at 11:18 a.m., there was an unsealed, undated package of more than 20 layered bacon strips in the freezer section of the side-by-side refrigerator/freezer in the Green House kitchen.

On 2/2/26 at 11:18 a.m., there was an unsealed, undated 10-pack foil tin of breakfast rolls with 7 rolls remaining in the freezer section of the side-by-side refrigerator/freezer in the Green House kitchen.

Plan of Correction**Accept (█ - 03/16/2026)**

Upon identifying food items that were not properly dated or sealed, dietary staff immediately discarded the items.

On 3/9/2026, the Dietary Manager conducted a staff huddle to review dietary regulations including 2600.103d, 2600.85a, 2600.103f, and 2600.103e.

The Administrator and Dietary Manager will also meet twice monthly to review dietary operations and ensure continued regulatory compliance.

103e - Left Overs (continued)

The Dietary Manager will monitor the main kitchen, and the Administrator and/or designee will oversee the kitchens located in Green House, Brown House, Country Kitchen, and the main level kitchen in Asbury Place.

Daily environmental rounds began 3/10/2026 to ensure food storage and kitchen operations remain compliant.

Audits will occur daily for three weeks and then three times per week for four additional weeks. Documentation will be maintained in the kitchen.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026)

105g - Lint Removal and Duct Cleaning**6. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/2/26 at 11:15 a.m., there was a thin layer of lint on the filter of the empty Speed Queen dryer in the laundry in the Brown House.

Plan of Correction

Accept (█) - 03/16/2026)

Upon discovery of lint accumulation in the dryer, the lint was immediately removed.

To ensure continued compliance, audit sheets were placed in each laundry room. Each shift, the Administrator and/or designee will verify and document that dryer lint traps have been checked and cleaned.

Audits began 3/10/2026 and will occur daily. Documentation will be maintained in the laundry rooms.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026)

121a - Unobstructed Egress**7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/4/26 at 9:45 a.m., the outside gate at the end of Meadow Lane in the Green House near room #216 was unable to be opened. Entering the posted code released the magnetic lock, but there was snow buildup on either side of the gate, and it was unable to be opened to evacuate away from the building.

Plan of Correction

Accept (█) - 03/16/2026)

Upon identification of excessive snow accumulation and obstruction of exit pathways, maintenance was immediately contacted and promptly cleared the snow to ensure exits and egress pathways were accessible and compliant.

To maintain compliance, the Administrator implemented daily environmental rounds that include monitoring snow accumulation, ensuring exit pathways remain clear, and verifying exit doors are unobstructed.

These audits began 3/10/2026 and will include five random locations inspected daily for three weeks, followed by three times per week for an additional four weeks. Audits will be conducted by the Administrator and/or designee.

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 04/01/2026

132a - Monthly Fire Drill

8. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

According to the home's fire drill records, there was no fire drill conducted in October 2025.

Plan of Correction

Accept () - 03/16/2026

The Administrator met with the maintenance department to review the violations related to 2600.132a, 2600.132b, and 2600.132c.

Monthly fire drills have been pre-scheduled to ensure ongoing compliance. Following each drill, the Administrator will review and verify documentation to ensure all regulatory requirements under 2600.132c are met.

To ensure compliance with 2600.132b, the annual supervised fire drill will be scheduled no more than 30 days prior to the anniversary of the previous year's drill.

Annual fire safety education for staff has already been scheduled to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 04/01/2026

132b - Safety Inspection/Fire Drill

9. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection was completed on 12/23/25. However, the previous fire safety inspection was completed on 11/25/24.

Plan of Correction

Accept () - 03/16/2026

The Administrator met with the maintenance department to review the violations related to 2600.132a, 2600.132b, and 2600.132c.

Monthly fire drills have been pre-scheduled to ensure ongoing compliance. Following each drill, the Administrator will review and verify documentation to ensure all regulatory requirements under 2600.132c are met.

To ensure compliance with 2600.132b, the annual supervised fire drill will be scheduled no more than 30 days prior to the anniversary of the previous year's drill.

Annual fire safety education for staff has already been scheduled to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 04/02/2026

132c - Fire Drill Records

10. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill record does not include whether the drill was done in the a.m. or p.m. on the following dates.

6/10/25 indicates "3:05"

9/30/25 indicates "3:05"

The home's fire drill record did not indicate the specific exits used for fire drills conducted on the following dates:

5/29/25 10:00 a.m. - "move to fire safe area"

6/10/25 3:05 - "move to fire safe"

7/22/25 1:06 a.m. - "move to safe area"

11/10/25 1:15 a.m. - "moved to exit/safety"

11/26/25 10:00 a.m. - "move to exit/safety"

Plan of Correction

Accept (█) - 03/16/2026

The Administrator met with the maintenance department to review the violations related to 2600.132a, 2600.132b, and 2600.132c.

Monthly fire drills have been pre-scheduled to ensure ongoing compliance. Following each drill, the Administrator will review and verify documentation to ensure all regulatory requirements under 2600.132c are met.

To ensure compliance with 2600.132b, the annual supervised fire drill will be scheduled no more than 30 days prior to the anniversary of the previous year's drill.

Annual fire safety education for staff has already been scheduled to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026

233c - Key-Locking Devices

11. 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 2/2/26 at 10:25 a.m. there was no code posted for operating the home's magnetic locking mechanism at the exit from the secure dementia care unit (SDCU) to the main lobby.

Plan of Correction

Accept (█) - 03/16/2026

Upon discovery that the exit code from the Secure Dementia Care Unit to the main lobby was not posted, staff immediately posted the code to ensure compliance.

To ensure codes remain properly posted, the Administrator implemented daily environmental rounds. Five random locations will be inspected daily.

Audits began 3/10/2026 and will occur daily for three weeks, followed by three times per week for an additional four weeks. Audits will be completed by the Administrator and/or designee.

233c - Key-Locking Devices (continued)

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/01/2026