

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

April 22, 2026

[REDACTED]
NORTHLAND HEIGHTS LLC
[REDACTED]

RE: NORTHLAND HEIGHTS
4859 MCKNIGHT ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 45084

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2026 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: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *08/01/2026*
 Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *110* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/13/2026*

Inspection Dates and Department Representative

03/13/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *123* Residents Served: *74*

Special Care Unit
 In Residence: *Yes* Area: *2nd Floor* Capacity: *19* Residents Served: *16*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

03/13/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/23/2026*

04/20/2026 POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/21/2026*
 Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/24/2026*

Inspections / Reviews *(continued)*

04/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 11:00am, residents [REDACTED] and [REDACTED] engaged in an altercation in their shared bedroom. During the altercation, resident [REDACTED] swung a handheld grabber tool at resident [REDACTED] making contact with resident [REDACTED] shin, which resulted in 3 red markings to resident [REDACTED] shin.

Plan of Correction

Accept [REDACTED] - 04/21/2026)

Staff immediately intervened upon hearing and observing a disagreement between the married couple and separated them. Law enforcement, family members, Protective Services, and the Bureau of Human Services were notified. Resident [REDACTED] declined to press charges against Resident [REDACTED]. Resident [REDACTED] voluntarily relocated to a separate room during the investigation.

Both residents requested continued contact. On 3/11/26 it was agreed they would spend time together only in common areas under staff supervision. This married couple wants to share a room and have verbalized emotional and financial concerns if separated. Following the investigation, a meeting was held on 3/20/26 with Resident [REDACTED], Resident [REDACTED], the Administrator, and family to review their request to return to a shared room. It was agreed that each resident would occupy separate sides of the room, divided by a wall. Resident [REDACTED] returned to the room on 3/27/26 and documented one-hour safety check were started.

Resident [REDACTED], Resident [REDACTED], and family agreed that time spent together would occur in common areas with staff able to observe signs of safety concerns. No further issues since 3/9/26.

These interventions will continue for 60 days and be reassessed for need.

Both resident [REDACTED] and [REDACTED]'s ASP were updated on 3/9/26 and 3/27/26 by the Director of Nursing and includes the following updates:

- Resident [REDACTED] Update to page 11- Aggression: 3/9/26 physically aggression toward [REDACTED] Will hit people with objects. Update to page 14 Part III: Summary and Determination- 3/9/26 Resident has a history of physical aggression toward [REDACTED] [REDACTED] when [REDACTED] is upset with [REDACTED]. One hour safety checks for 60 days initiated on 3/27/26. Residents will cohabitate in the same room but in separate areas. Residents will spend time together when in common areas, under staff supervision.

- Resident [REDACTED] Update to page 14 Part III: Summary and Determination- 3/9/26 Resident and [REDACTED] with a history of disputes in which [REDACTED] can become physical. Staff to assist resident to safety away from [REDACTED] and provide emotional support. 3/27/26 Resident placed on 1 hour safety checks for 60 days. Resident and [REDACTED] cohabitate in separate areas of room and will be together in common areas with staff supervision.

Staff training of all direct care staff regarding the 1-hour safety checks and resident behaviors was completed on 3/27/26. Education was provided by the Director of Nursing. This documentation will be kept on file.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [REDACTED] - 04/22/2026)