

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

April 28, 2026

[REDACTED] EXECUTIVE DIRECTOR  
ASBURY VILLAGE AND PLACE, LLC  
[REDACTED]

RE: ASBURY VILLAS  
730 BOWER HILL  
PITTSBURGH, PA, 15243  
LICENSE/COC#: 45554

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026, 03/31/2026 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 VILLAS **License #:** 45554 **License Expiration:** 04/01/2027  
**Address:** 730 BOWER HILL, 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:** C-2 LP **Date:** 08/19/2022 **Issued By:** Labor & Industry

**Staffing Hours**

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

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 03/31/2026

**Inspection Dates and Department Representative**

03/30/2026 - On-Site: [REDACTED]  
 03/31/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100 **Residents Served:** 65

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 65  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 5 **Have Physical Disability:** 0

**Inspections / Reviews**

03/30/2026 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/16/2026

04/16/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/21/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/22/2026

Inspections / Reviews *(continued)*

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 3/30/26 at approximately 10:55 a.m., on the 1st floor, right side common male/female bathroom the ½" inch by ½" inch square ceiling vent had a build-up of fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 11:00 a.m., in the hallway next to the dining room on the 1st floor common male/female bathroom the ½" inch by ½" inch square ceiling vent had a build-up of fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 11:27 a.m., room #111 of resident [REDACTED] the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 12:05 p.m., room #203 of resident [REDACTED] the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 12:16 p.m., room #223 of resident [REDACTED] the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 12:16 p.m., room #223 of resident [REDACTED] the bathroom garbage can was filled with wet briefs, blue rubber gloves, and other paper products hanging over the top of the garbage can.*

*On 3/30/26 at approximately 12:37 p.m., room #226 of resident [REDACTED] the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 12:37 p.m., room #303 of resident [REDACTED], the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 1:00 p.m., room #313 of resident [REDACTED], the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

*On 3/30/26 at approximately 1:17 p.m., room #313 of resident [REDACTED] the bathroom ceiling vent had a build-up of cobwebs and fibrous gray dust clumps coating the grill.*

**Plan of Correction**

Accept [REDACTED] - 04/16/2026)

*3/30/26 – Administrator notified housekeeping director of the buildup of cobwebs and dust clumps in vents of common bathrooms and rooms #111, #203, #226, #303, #313, and #319. Administrator notified housekeeping director of overflowing garbage can in #223 bathroom.*

*3/30/26 – Housekeeping emptied garbage can and replaced with a fresh garbage bag in Room #223.*

*4/7/26 and 4/8/26 – Administrator and General Manager of EVS held in-service for housekeeping staff and nursing staff on the requirement that all vents must be clean, free of dust, and sanitary conditions must be maintained.*

**85a - Sanitary Conditions (continued)**

*Garbage cans must be emptied regularly and must not overflow with trash. Documentation of staff education shall be kept in accordance with 2600.65i.*

*4/8/26 - 4/15/26 – Housekeeping staff cleaned all vents in home including common bathrooms, and resident bathrooms.*

*Beginning 4/12/26 – Administrator/designee/Housekeeping department will conduct weekly rounds of physical site and 10 resident rooms/week to ensure all vents are clean, in good repair and sanitary conditions are maintained in the home. Audits will be ongoing and findings will be reviewed by the administrator.*

**Licensee's Proposed Overall Completion Date: 04/16/2026**

**Implemented (█ - 04/28/2026)**

**88a - Surfaces****2. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On 3/30/26 at approximately 11:36 a.m., the hallway leading to the outside in stairwell A Level 1 had dried leaves, dirt, and a white piece of paper laying on the white vinyl composition tile (VCT) flooring.*

*On 3/30/26 at approximately 11:40 a.m., the dining room double doors with glass panes had a wooden wedge propping open the left side door due to the inoperable spring-loaded door stop lock needing replaced.*

*On 3/30/26 at approximately 11:47 a.m., in the 2nd floor washroom next to the nurse's station the square 12" inch x 12" inch green & white colored vinyl composite tile (VCT) flooring was in a state of disrepair, with multiple floor tiles cracked, chipped, and missing.*

*On 3/30/26 at approximately 12:16 p.m., room #223 of resident █ the bathroom floor had numerous pieces of shredded toilet paper and a square piece of plastic approximately 2 ½" inches wide by 3" inches long lying on the floor causing a slipping hazard.*

*On 3/30/26 at approximately 1:10 p.m., in the 3rd floor laundry room the square 12" inch x 12" inch white colored vinyl composite tile (VCT) flooring was in a state of disrepair, with multiple floor tiles cracked, chipped, dented, and missing.*

**Plan of Correction**

**Accept (█ - 04/16/2026)**

*3/30/26 – Administrator notified housekeeping director of the presence of leaves, dirt and paper in Stairwell A Level and the items on bathroom floor of Room #223 and requested housekeeping department to clear the items from these locations immediately.*

*4/1/26 – 4/3/26 – Administrator conducted physical site audit to ensure*

**88a - Surfaces (continued)**

*floors, walls, ceilings, doors and other surfaces are clean, in good repair and free of hazards.*

*4/7/26 and 4/8/26 – Administrator and General Manager of EVS held in-service for housekeeping staff and nursing staff of regulation 2600.88.a. including ensuring the stairwells and resident rooms/bathrooms are clean and free of hazards. Documentation of staff education shall be kept in accordance with 2600.65i.*

*4/7/26 and 4/8/26 – Administrator and Maintenance director held in-service for maintenance staff of regulation 2600.88.a. including ensuring all floors, doors, ceilings walls and surfaces must be clean in good repair and free of hazards. Documentation of staff education shall be kept in accordance with 2600.65i.*

*4/8/26 -Administrator, Maintenance Director and Executive Director walked through facility to address the dining room double doors and the cracked/chipped tiles in 2nd and 3rd floor laundry rooms.*

*4/10/26 – A new doorstop was installed on the dining room left side door and door functionality was restored.*

*4/10/26 – The 2nd and 3rd floor laundry rooms were retiled and cleaned prior to replacement of Washer and Dryer appliances.*

*Beginning 4/12/26 – Administrator/designee will conduct weekly rounds of physical site to ensure floors, walls, doors, ceilings and other surfaces are clean, in good repair and free of hazards. Audits will be ongoing and findings will be reviewed by the administrator.*

**Licensee's Proposed Overall Completion Date: 04/16/2026**

**Implemented (█) - 04/28/2026)**

**92 - Windows****3. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

*On 3/30/26 at approximately 12:05 p.m., in room #203 of resident █ the window screen located in the right-side living room window is tattered and has a hole approximately 12" inches wide by 10" inches high located at the bottom of the screen.*

**Plan of Correction**

**Accept (█) - 04/16/2026)**

*3/30/26 – Administrator notified maintenance director of the hole in window screen of Room #203.*

*4/1/26 – 4/3/26 – Administrator conducted physical site audit to ensure all windows are in good repair and have screens.*

*4/7/26 and 4/8/26 – Administrator and Maintenance director held in-service for maintenance staff and nursing staff of regulation 2600.92 to remind that all windows and screens should be in good repair and secure. Documentation*

**92 - Windows (continued)**

*of staff education shall be kept in accordance with 2600.65i.*

*4/9/26 – A new window screen was installed in room #203.*

*Beginning 4/12/26 – Administrator/designee will conduct weekly rounds of physical site and 10 resident rooms/week to ensure all windows and window screens are in good repair and secured. Audits will be ongoing and findings will be reviewed by the administrator.*

**Licensee's Proposed Overall Completion Date: 04/16/2026**

**Implemented (█) - 04/28/2026)**

**101r - Bedroom - shades/drapes/window covering****4. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

**Description of Violation**

*On 3/30/26 at approximately 12:05 p.m., in room #203 of resident █ the white colored vinyl pull down blind in the living room window does not move up or down. The pull chain is in disrepair and prevents the blind to move.*

**Plan of Correction**

**Accept (█) - 04/16/2026)**

*3/30/26 – Administrator notified maintenance director of the broken blind in room #203.*

*4/1/26 – 4/3/26 – Administrator conducted physical site audit to ensure all resident room window coverings are clean and in good repair.*

*4/7/26 and 4/8/26 – Administrator and Maintenance director held in-service for maintenance staff and nursing staff to remind that window coverings must be clean and in good repair. Documentation of staff education shall be kept in accordance with 2600.65i.*

*4/9/26 – The pull-down blind was replaced in room #203.*

*Beginning 4/12/26 – Administrator/designee will conduct weekly rounds of physical site and 10 resident rooms/week to ensure all window coverings are clean, in good repair and secured. Audits will be ongoing and findings will be reviewed by the administrator.*

**Licensee's Proposed Overall Completion Date: 04/16/2026**

**Implemented (█) - 04/28/2026)**

**102h - Toilet Paper****5. Requirements**

102h - Toilet Paper (continued)

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

On 3/30/26 at approximately 12:16 p.m., room #223 of resident [REDACTED] there was an empty cardboard tube hanging from the toilet paper holder on the wall. There was no available toilet paper in the resident's bathroom to replace the empty roll.

**Plan of Correction**

Accept ( [REDACTED] ) - 04/16/2026

3/30/26 – Administrator requested Housekeeping to put fresh toilet paper roll in Room #223 bathroom and restock toilet paper in bathroom.

4/1/26 – 4/3/26 – Administrator conducted audit of all common bathrooms and resident bathrooms to ensure all toilet paper holders had toilet paper and that toilet paper was available in residents' bathrooms.

4/7/26 and 4/8/26 – Administrator and General Manager of EVS held in-service for housekeeping staff and nursing staff on the requirement that all resident bathrooms must have toilet paper on the roll and should have adequate stock available in the bathroom. Documentation of staff education shall be kept in accordance with 2600.65i.

Beginning 4/12/26 – Administrator/designee/Housekeeping department will conduct weekly rounds of physical site and 10 resident rooms weekly to ensure all common bathrooms and resident bathrooms have toilet paper on the holders, and that toilet paper is available in residents' bathrooms. Audits will be ongoing and findings will be reviewed by the administrator.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented ( [REDACTED] ) - 04/28/2026

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 3/30/26 at approximately 1:10 p.m., in the 3rd floor laundry room behind the washer and dryer appliances there was a large quantity of cobwebs, lint, and fibrous gray dust coating the flexible water lines, electrical cords, and the vinyl composition tile (VCT) flooring.

**Plan of Correction**

Accept ( [REDACTED] ) - 04/16/2026

3/30/26 – Administrator notified Housekeeping and Maintenance departments immediately of the presence of cobwebs, lint and dust covering the water lines and cords behind the washer and dryer appliances.

**105g Lint Removal and Duct Cleaning (continued)**

4/1/26 4/3/26 Administrator conducted physical site audit to assess build up of lint in the dryers or behind the appliances.

4/7/26 and 4/8/26 Administrator and Housekeeping director held in service for housekeeping staff and nursing staff reminding them that the dryers need to be free of lint and to notify administrator/maintenance in the event of external ducts or electrical wires needing cleaned behind the washer and dryer appliances. Documentation of staff education shall be kept in accordance with 2600.65i.

4/7/26 and 4/8/26 Administrator and Maintenance director held in service for maintenance staff reminding them that lint/cobwebs/dust needs to be cleaned from behind the appliances. Documentation of staff education shall be kept in accordance with 2600.65i.

4/10/26 The 2nd and 3rd floor laundry rooms were retiled and cleaned prior to replacement of Washer and Dryer appliances. The areas were fully cleared of all cobwebs, lint, dust covering the water lines and electrical cords.

Beginning 4/12/26 Administrator/designee will conduct weekly rounds of physical site including laundry rooms to ensure no build up of lint in the dryers or lint/dust/cobwebs behind the appliances. Audits will be ongoing and findings will be reviewed by the administrator.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 04/28/2026

**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 3/30/26 at approximately at 11:50 a.m., in stairwell A level 2 the stairwell landing had an empty cardboard box approximately 18" inches wide by 16" inches deep by 14" inches high sitting in the stairwell.

REPEAT VIOLATION 1/30/25

**Plan of Correction**

Accept (█) - 04/16/2026

3/30/2026 Administrator disposed of cardboard box from Stairwell A level 2 and walked through all other Stairwells, hallways, and egress routes to ensure they were unobstructed.

4/1/26 4/3/26 Administrator conducted physical site audit of stairways, hallways, egress routes to ensure they were free of obstructions.

4/7/26 and 4/8/26 Administrator conducted in service for direct care staff, housekeeping staff and maintenance staff reeducating them on the importance of stairways, hallways, egress routs being unblocked and free of obstructions. Documentation of staff education shall be kept in accordance with 2600.65i.

**121a Unobstructed Egress (continued)**

*Beginning 4/12/26 Administrator/designee will conduct weekly rounds of physical site, including stairways, hallways, egress routes to ensure they are free of obstructions. Audits will be ongoing and findings will be reviewed by the administrator.*

**Licensee's Proposed Overall Completion Date:** 04/16/2026

**Implemented (█ - 04/28/2026)**

**132b - Safety Inspection/Fire Drill****8. 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**

*A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually, however, the home's most recent fire safety inspection was dated 04/30/24.*

**Plan of Correction**

**Accept (█ - 04/16/2026)**

*3/31/26 Administrator notified Maintenance Director of the absence of the fire safety inspection letter for 2600.132b for the year 2025. Upon checking the records, it was determined that only the fire safety inspection letter for 2600.132d (dated 4/24/25) was provided in 2025.*

*4/7/26 and 4/8/26 Administrator and Maintenance director held in service for maintenance staff reeducating them on regulation 2600.132b, that a fire safety inspection and fire drill must be conducted by a fire safety expert within 1 year of the previous inspection. Documentation of staff education shall be kept in accordance with 2600.65i.*

*4/28/26 The facility will conduct the annual supervised fire drill by a fire safety expert. It will take place at 1 pm. Administrator will ensure receipt of the fire safety inspection and drill letter from the expert.*

*Beginning April 2026, the facility will conduct 2 supervised fire drills annually by a fire safety expert, approximately 6 months apart. Administrator will audit the fire safety inspections and fire drill log within 48 hours of completion. Audits will remain ongoing.*

**Licensee's Proposed Overall Completion Date:** 04/16/2026

**Implemented (█ - 04/28/2026)**

**132d - Evacuation****9. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d - Evacuation (continued)

**Description of Violation**

On 4/24/25, the home's safe evacuation time was determined by a fire safety expert to be 3 minutes 58 seconds. However, the home's fire drill records indicate that the fire drill evacuation times exceeded the safe evacuation time for the following fire drills:

\* 5/28/25 at 10:25 a.m., 4 minutes and 40 seconds.

\* 6/23/25 at 6:55 p.m., 4 minutes 0 seconds.

On 1/14/25 at 12:35 a.m., the homes fire drill record indicated there were 65 residents in the home, however, the home's fire drill record indicated there were only 3 residents evacuated.

REPEAT VIOLATION 1/30/25

**Plan of Correction**

Accept (█ - 04/16/2026)

3/31/26- Administrator notified Maintenance director of the concerns on the 2025 fire drill including 2 evacuation times exceeding the allotted time of 3:58 seconds, and the number of residents evacuated being incorrectly logged for the 1/14/25 fire drill.

4/7/26 and 4/8/26 – Administrator and Maintenance director held in-service for maintenance staff of regulation 2600.132d indicating that 2 fire drills failed due to the evacuation time being greater than 3:58 seconds which was allotted by the fire department. Additionally, maintenance staff were reeducated on proper filling out of fire drill log to include that the number of residents evacuated should be total number of residents in the facility at that time. Documentation of staff education shall be kept in accordance with 2600.65i.

Beginning 4/12/26- Administrator will audit all fire drill records within 48 hours of completion to ensure fire drill evacuation times do not exceed the time allotted by the fire department to ensure compliance with 2600.132d. If a fire drill does not meet the safe evacuation time, the facility will repeat the drill within 2 days.

Beginning 4/12/26- Administrator will audit fire drill records within 48 hours of completion to ensure it has been filled out correctly including correct number of residents in home, in fire safe area, and evacuated. Audits will be ongoing and findings will be reviewed by administrator.

4/28/26- at 1 pm, The facility will conduct the annual supervised fire drill by a fire safety expert, and administrator will discuss reevaluation of evacuation time to ensure success during monthly fire drills.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█ - 04/28/2026)

162c - Menus Posted

**10. Requirements**

2600.

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.

**Description of Violation**

On 3/30/26 at approximately 11:40 a.m. The menus posted in the hallway and dining room bulletin board were dated for week 3/30/26 to 4/5/26, however, there was no menu displayed for the following week of 4/6/26 – 4/12/26.

---

**162c - Menus Posted (continued)****Plan of Correction****Accept (█ - 04/16/2026)**

3/30/26 – Administrator requested Dining department to display the following week's menu in the hallway and dining room bulletin boards.

4/1/26 – Administrator conducted audit of dining room and hallway near activities room, to confirm the current week and the following weeks' menus are displayed.

4/7/26 and 4/8/26 – Administrator and Dining Director held in-service for dining staff and nursing staff on the requirement that the current week's menu AND the following week's menu must be always displayed. Documentation of staff education shall be kept in accordance with 2600.65i.

Beginning 4/12/26 – Administrator/designee/Dining department will conduct weekly rounds to ensure the current week, and the following weeks' menus are displayed. Audit findings will be reviewed by the administrator and will remain ongoing.

Licensee's Proposed Overall Completion Date: 04/16/2026

**Implemented (█ - 04/28/2026)**

---