

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

June 10, 2026

[REDACTED]
ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC
[REDACTED]

RE: ARDEN COURTS (NORTH HILLS)
1125 PERRY HIGHWAY
PITTSBURGH, PA, 15237
LICENSE/COC#: 43553

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2026 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: ARDEN COURTS (NORTH HILLS) **License #:** 43553 **License Expiration:** 05/18/2027
Address: 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/12/1996 **Issued By:** Labor and Industry
Type: Other **Date:** 12/09/1996 **Issued By:** Township of Ross

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 110 **Waking Staff:** 83

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/20/2026

Inspection Dates and Department Representative

05/20/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 55

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 56 **Residents Served:** 55

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 55 **Have Physical Disability:** 0

Inspections / Reviews

05/20/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/06/2026

06/04/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/10/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/08/2026

Inspections / Reviews *(continued)*

06/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/12/2026

06/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2026

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

At approximately 1:36 p.m. there was a one-point-five ounce tube of SparkleFresh Toothpaste with approximately one third of the toothpaste remaining in the tube that was found unlocked and accessible in the private bathroom of resident room [REDACTED] of the Cloverdale neighborhood belonging to resident [REDACTED]. The SparkleFresh Toothpaste tube came with a poison warning label that indicated "Keep out of reach of children under 6 yrs. of age. If you accidentally swallow more than used for brushing, seek medical help or contact a Poison Control Center immediately." Not all residents of the home are assessed as safely able to identify and avoid poisonous materials to include resident [REDACTED] who also resides in the Cloverdale neighborhood in resident room [REDACTED]

Plan of Correction

Directed [REDACTED] - 06/09/2026)

The SparkleFresh Toothpaste tube was removed immediately on 5/20/26.

All resident rooms were checked for toothpaste tubes containing a poison warning label and were removed.

All staff will be re-educated on regulation 82.c. locking poisonous materials. The training will be completed by 7/3/26.

Training will be completed by Executive Director or Designee.

Documentation of training will be kept in the staff training records.

All resident rooms will be audited weekly for any poisonous materials for 4 weeks beginning the week of 6/8/26.

These weekly audits will be reviewed in Morning Meeting for 4 weeks.

Proposed Overall Completion Date: 07/03/2026

DIRECTED

Within three days of receipt of the plan of correction: The administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 6/9/26

Directed Completion Date: 06/12/2026

Implemented [REDACTED] - 06/10/2026)

225a - Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] initial assessment, dated [REDACTED] did not assess a degree of need for behavioral and cognitive care related to orientation to time, place and person, judgment, and ability to use and avoid poisonous materials, those areas of the assessment were left incomplete.

Plan of Correction

Directed [REDACTED] - 06/09/2026)

Resident [REDACTED] initial assessment was updated on 5/20/26.

225a Assessment 15 Days (continued)

New move in's since 5/20/26 have been audited for completed initial assessment.

Training for regulation 225.a with the RSC and RSS will be completed by 7/3/26.

Training will be completed by Executive Director or Designee.

Documentation of training will be kept in the staff training records.

All new resident initial assessments on or before 7/3/26 will be audited weekly for 4 weeks for completion.

These audits will be reviewed at Morning Meeting.

Proposed Overall Completion Date: 07/03/2026

DIRECTED

Within three days of receipt of the plan of correction: The administrator shall ensure all aspects of the plan of correction have been initiated. ■ 6/9/26

Directed Completion Date: 06/12/2026

Implemented ■ - 06/10/2026)