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

August 5, 2026

[redacted]
VINCENTIAN DE MARILLAC
[redacted]

RE: SCHENLEY GARDENS
3890 BIGELOW BOULEVARD
PITTSBURGH, PA, 15213
LICENSE/COC#: 44986

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2026 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: *SCHENLEY GARDENS* **License #**: *44986* **License Expiration**: *11/20/2026*

Address: *3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *VINCENTIAN DE MARILLAC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *11/02/2000* **Issued By**: *City of Pittsburgh*

Type: *I-2* **Date**: *11/08/2000* **Issued By**: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *87* **Waking Staff**: *65*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/11/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* **Residents Served**: *51*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *5th Floor* **Capacity**: *32* **Residents Served**: *16*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *50*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *36* **Have Physical Disability**: *1*

Inspections / Reviews

06/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/03/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/23/2026*

Inspections / Reviews *(continued)*

07/29/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/03/2026*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

88a - Surfaces

1. 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

At approximately 10:30am, there were numerous ceiling tiles missing in the following areas:

- *A missing ceiling tile in the ceiling between bedrooms [redacted] and [redacted]*
- *A missing ceiling tile in the ceiling outside bedroom [redacted]*
- *A missing ceiling tile in the ceiling near the employee learning center*

Plan of Correction ***Accept [redacted] 07/29/2026)***

At the time of the inspection, the maintenance techs repaired the plumbing leaks and replaced the missing ceiling tiles. The Maintenance Manager is currently in the process of requesting quotes from plumbers to evaluate aging plumbing system to determine the scope of work recommended to prevent future issues. The leadership will review quotes and options to determine next steps. Maintenance team will conduct monthly audits of the community to identify any missing or damaged ceiling tiles, repair any associated leaks, and replace ceiling tiles for the next 6 months. Audits will be assigned to the team through Worxhub (online maintenance request system). Record of audits will be maintained in Worxhub. Maintenance Manager will be responsible for assigning and monitoring the audits. The first of the monthly audits is assigned for Monday, August 3 in Workhub, then the first Monday of the month for the next 6 months.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented [redacted] 08/05/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation dated [redacted], does not include the name or license number of the medical professional who completed the medical evaluation. This section of resident [redacted]s medical evaluation is blank.

Plan of Correction ***Accept [redacted] - 07/29/2026)***

Following the inspection, the name and license number of the medical professional who completed the medical evaluation was filled in by the Nurse Manager on 6/12/26 on resident #2's most recent medical evaluation. Education on 2600.141.b.1 was provided to all nurses working at the facility who assist with completion of DME's on 7/15/26. Documentation of the education will be maintained. Nurse Manager (or designee) will be responsible for completing audits of all current DME's to ensure that the name and license number of the medical professional who completed the form are filled in. The audits will begin on the week August 3, 2026. Six DME's will be audited biweekly until all current resident audits have been audited. Nurse Manager (or designee) will audit any new DME's (annual, significant changes, or new move-ins) for proper completion monthly for the next 6 months. Documentation of the audits will be kept.

Proposed Overall Completion Date: 08/03/2026

141b1 Annual Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented [redacted] 08/05/2026)

227h - Support Plan Refuse Sign

3. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] most recent support plan, dated [redacted], is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction ***Accept [redacted] - 07/29/2026)***

Following the inspection, the box indicating that resident [redacted] is unable to participate was checked. Education on 2600.227h was provided to all nurses working at the facility who assist with completion of RASP's on 7/15/26. Documentation of the education will be maintained. Nurse Manager (or designee) will be responsible for completing audits of all current support plans to ensure that resident signed the document, or it is indicated that the resident was unable to participate, declined to participate, refused to sign, or was unable to sign. The audits will begin on the week August 3, 2026. Six RASP's will be audited biweekly until all current resident audits have been audited. Nurse Manager (or designee) will audit any new support plans (annual, significant changes, or new move ins) for proper completion monthly for the next 6 months. Documentation of the audits will be kept.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented [redacted] - 08/05/2026)