

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

September 8, 2026

[REDACTED]
JUNIPER VILLAGE AT SOUTH HILLS LLC
[REDACTED]

RE: JUNIPER VILLAGE AT SOUTH HILLS
1320 GREENTREE ROAD
PITTSBURGH, PA, 15220
LICENSE/COC#: 45265

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2026 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: JUNIPER VILLAGE AT SOUTH HILLS

License #: 45265

License Expiration: 07/12/2027

Address: 1320 GREENTREE ROAD, PITTSBURGH, PA 15220

County: ALLEGHENY

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: JUNIPER VILLAGE AT SOUTH HILLS LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 80

Waking Staff: 60

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 08/03/2026

Inspection Dates and Department Representative

08/03/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 96

Residents Served: 50

Secured Dementia Care Unit

In Home: Yes

Area: 3rd Floor

Capacity: 26

Residents Served: 19

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 0

Inspections / Reviews

08/03/2026 - Partial

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 08/29/2026

08/28/2026 POC Submission

Submitted By:

Date Submitted: 09/08/2026

Reviewer:

Follow Up Type: POC Submission

Follow Up Date: 09/03/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2026

09/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

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], direct care staff person A deposited a check from resident [REDACTED]'s bank account into their personal bank account, which totaled [REDACTED]. Also, on [REDACTED] direct care staff person A deposited a check from resident [REDACTED]'s bank account into their personal bank account, which totaled [REDACTED]. Resident [REDACTED] did not write any checks to direct care staff person A and did not sign the 2 checks that direct care staff person A deposited into their personal bank account.

Repeated Violation-[REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

- The facility respectfully disagrees with the issuance of this citation and provides the following plan of correction for regulatory compliance purposes only and not as any admission of wrongdoing whatsoever:
- Resident [REDACTED] no longer resides at the facility.
- Staff Person A was terminated on 3/25/2026.
- On 6/25/2026, all staff was educated by Executive Director on Regulation 42b to ensure that a resident may not be neglected, intimidated, physically, or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation will be kept.
- Starting 8/31/2026, Executive Director and/or designee will interview ten random residents weekly for six weeks. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] 09/08/2026)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

At the time of inspection, no high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry was present for direct care staff person A, who was hired on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

- Direct care staff person A was terminated on [REDACTED]
- Executive Director educated Business Office Manager on 8/6/2026 on Regulation 54a to ensure all direct care staff persons have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Documentation will be kept.
- Business Office Manager conducted an audit on 8/7/2026 for all direct care staff persons to ensure all direct care staff persons had a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Documentation will be kept.
- The home utilizes a new hire checklist to ensure qualifications specified in 2600.54a are obtained at time of hire for all newly-hired direct care staff persons.

54a - Direct Care Staff (continued)

-Starting 8/31/2026, Business Office Manager will audit ten random employee files weekly for four weeks to ensure compliance. Executive Director will audit for compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/08/2026)

121a - Unobstructed Egress**3. 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

At 9:31am, there was a rock outside the right-side emergency exit door leading from the main dining room to the patio, which prevented the door from opening more than approximately 1 foot, blocking this egress route.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

- Environmental Services Director removed the rock outside the right-side emergency exit door immediately on 8/3/2026.

- Executive Director educated all staff on 8/26/2026 on Regulation 121a to ensure stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Documentation will be kept.

- All other stairways, hallways, doorways, passageways, and egress routes from rooms and from the building were audited by Environmental Services Director on 8/3/2026 to ensure they were unlocked and unobstructed.

- Starting 8/31/2026, Environmental Services Director will audit ten random stairways, hallways, doorways, passageways, and egress routes weekly for four weeks to ensure they are unlocked and unobstructed. Executive Director will audit for compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/08/2026)

133.2 - Exit Signs Direction**4. Requirements**

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

At 9:40am, the arrow indicating the directions for travel to the emergency exit door by bedroom [REDACTED], located in the secured dementia care unit (SDCU) was pointing in the opposite direction of the emergency exit. The home currently serves 50 residents.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

- Environmental Services Director changed arrow in emergency exit sign by bedroom [REDACTED] on 8/3/2026 so that the arrow was pointing in the correct direction of the emergency exit.

- Executive Director educated Environmental Services Director on 8/6/2026 on Regulation 133.2 to ensure exits

133.2 Exit Signs Direction (continued)

shall be marked with readily visible signs indicating the direction to travel. Documentation will be kept.

All other emergency exit signs were audited by Environmental Services Director on 8/3/2026 to ensure the arrows were pointing the correct direction.

Starting 8/31/2026, Environmental Services Director will audit five emergency exit signs weekly for four weeks to ensure compliance. Executive Director will audit for compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/08/2026)