

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

October 14, 2026

[REDACTED], LEGAL ENTITY REPRESENTATIVE
MERIDIAN WOODS 25 BUSINESS LLC
[REDACTED]
[REDACTED]

RE: COLONIAL OAKS OF SOUTH HILLS
3800 OAKLEAF ROAD
PITTSBURGH, PA, 15112
LICENSE/COC#: 45766

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2026, 09/17/2026 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: COLONIAL OAKS OF SOUTH HILLS

License #: 45766

License Expiration: 06/12/2027

Address: 3800 OAKLEAF ROAD, PITTSBURGH, PA 15112

County: ALLEGHENY

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: MERIDIAN WOODS 25 BUSINESS LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 11/24/2025

Issued By: Borough of Baldwin

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 1

Waking Staff: 1

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/17/2026

Inspection Dates and Department Representative

09/14/2026 - On-Site: [REDACTED]

09/17/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 1

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 1

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

09/14/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/01/2026

09/29/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/05/2026

Inspections / Reviews (*continued*)

10/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/12/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On date-of-death #1 at approximately [REDACTED] resident #1 ceased to breathe. However, the resident's death was reported to the Department's telephone line through a fax machine on [REDACTED] and was never received by the Department.

Plan of Correction**Directed ([REDACTED] - 10/06/2026)**

Nurse management educated by Surveyor [REDACTED] on September 14, 2026 to send notifications of death as well as all reportable incidents to the State at RA-PWARLSouthwest@PA.Gov. This information is posted in nursing station. Staff education will be on going with any new nurse management staff. All audits will be kept in training binder

Proposed Overall Completion Date: 11/03/2026

DIRECTED:

Within one day of receipt of the plan of correction: The administrator shall send the incident report cited in the violation to the Department. [REDACTED] 10/6/26

Within one day of receipt of the plan of correction: The administrator shall a;; reportable incidents and conditions to ensure reporting meets the requirements of Regulation 2600.16c. [REDACTED] 10/6/36

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented ([REDACTED] - 10/14/2026)**25c10 - Advance Notice****2. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

Resident #2 was admitted [REDACTED] resident #3 on [REDACTED]. However, resident #3 ceased to breathe on date-of-death #2 and as of [REDACTED] the home had not created a new contract for, nor notified resident #2 in writing within 30 days in advance that a new contract or a change to the contract was required.

Plan of Correction**Directed ([REDACTED] - 10/06/2026)**

All contracts will only include one Resident. A 30 day notice was signed by Resident's POA on 9/16/2026 and new contract was signed on 9/25/2026. Monitoring will continue upon every admission and room change. Audit will be kept in training binder.

25c10 Advance Notice (continued)*Proposed Overall Completion Date: 11/03/2026***DIRECTED***By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26***Directed Completion Date: 10/11/2026****Implemented [REDACTED] - 10/14/2026)****65a - FS Orientation 1st Day****3. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation*Direct care staff person A, whose first day of work was [REDACTED] did not receive orientation in general fire safety and emergency preparedness to include:**(1) Evacuation Procedures**(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.**(3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire.**(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.**(6) Smoke detectors and fire alarms.**(7) Telephone use and notification of emergency services.***Plan of Correction****Directed [REDACTED] - 10/06/2026)***Staff member was trained on hire [REDACTED] Documentation was filed in maintenance office incorrectly. Copy of training is attached. All staff are/will continue to be trained on first day of orientation on fire safety, fire drill, evacuation procedures, emergency services notification. Fire drills are held monthly on varying shifts including 7 3, 3 11, and 11 7. All monitoring audits will be kept in training binder once completed.**Proposed Overall Completion Date: 11/03/2026***DIRECTED***Within one day of receipt of the plan of correction: The administrator shall complete an audit of all current and newly hired direct staff persons records to ensure all staff persons have completed the required education in*

65a - FS Orientation 1st Day (continued)

accordance with Regulation 2800.65(b). [REDACTED] 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented [REDACTED] - 10/14/2026)

65b - Rights/Abuse 40 Hours**4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED] did not receive orientation in required topics to include:

(1) Resident rights.

(2) Emergency medical plan.

(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).

(4) Reporting of reportable incidents and conditions.

Plan of Correction

Directed [REDACTED] - 10/06/2026)

Direct care staff member A was retrained and documented. All staff members are to be trained during first two days of orientation and copies of training materials are provided during training to include resident rights, abuse, reporting of abuse, emergency medical plan and reportable incidents. Monitoring on all newly hired staff will continue per audit until November 3, 2026 and with each new hire. All Audits to be completed by [REDACTED] RN, ED [REDACTED] RCC. All Audits will be kept in training binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented [REDACTED] - 10/14/2026)

65i - Training Record**5. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

65i - Training Record (continued)**Description of Violation**

The record of training for direct care staff person B did not include the name of the staff person trained, date, source, content, or length of each course, the only documentation was the staff person's first and last initial, and none of the boxes were checked to indicate completed training.

Plan of Correction**Directed () - 10/06/2026)**

All staff training documentation has been updated to include content title, length of training and first and last name with date of completion. Staff member B Completed training and signed. Education was presented by [REDACTED] RN, ED, [REDACTED], ED and [REDACTED], RCC. Auditing future will be completed by [REDACTED], RN, ED, [REDACTED] or [REDACTED], Director of Education, Commonwealth Hospice. All trainings will be kept in training binder and employee file.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented () - 10/14/2026)**103e - Left Overs****6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:04 a.m. there was an opened, unlabeled and undated 4.8-pound tub of "Molly's Kitchen Dixie Homestyle" coleslaw with approximately one-third of the coleslaw remaining in the home's kitchen refrigerator.

Plan of Correction**Directed () - 10/06/2026)**

Said container was discarded at time of survey, surveyor provided education at time of discovery and again on exit. All new kitchen staff will be educated upon hire. All training to be kept in training binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator or designated staff person shall monitor all food storage areas to ensure compliance with Regulation 2600.103e. [REDACTED] 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented () - 10/14/2026)**103g - Storing Food**

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:06 a.m. in the dry storage pantry there was a Sysco branded cardboard box of white rice that contained an open and unsealed blue plastic bag of white rice.

At approximately 10:08 a.m. in the home's kitchen freezer there was a 10-pound cardboard box that contained an open and unsealed clear plastic bag of pork sausage links.

At approximately 10:08 a.m. in the home's kitchen freezer there was an open and unsealed clear plastic bag that contained numerous layers of bacon.

Plan of Correction**Directed (████ - 10/06/2026)**

All noted food was discarded at time of discovery, education was provided by surveyor at time of discovery and again on exit. All new kitchen staff will be educated upon hire. Education was provided per state regulation. All education will be kept in training binder. Audit is in progress.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator or designated staff person shall monitor all food storage areas to ensure compliance with Regulation 2600.103e. █████ 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. █████ 10/6/26

Directed Completion Date: 10/11/2026

Implemented (████ - 10/14/2026)

107a - Emergency Preparedness

8. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

At approximately 1:15 p.m., the administrator did not have a copy of the emergency preparedness plan for the municipality in which the home is located, the Borough of Baldwin.

Plan of Correction**Directed (████ - 10/06/2026)**

A copy of the municipality safety plan was obtained and made part of the emergency plan binder located on the front Desk as well as the Admin. office. All staff were trained on location of binder and content. █████, RN, ED is responsible for location of manual as well as any updates. All audits will be kept in education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator shall become familiar with the municipal emergency management plan and will audit monthly to ensure the plan is in a public and conspicuous place in the

107a - Emergency Preparedness (continued)

home. [REDACTED] 10/11/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented [REDACTED] - 10/14/2026)

123b - Emergency Procedures Posted**9. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At approximately 1:15 p.m., the home's copy of emergency procedures was kept inside of the administrator's office and was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed [REDACTED] - 10/06/2026)

Copy of emergency preparedness plan located at desk at entrance to facility. Easily accessible and visible to all.

Copy was obtained of entire Emergency plan and placed at Front Desk and Administrators office. [REDACTED] RN, ED was educated by State Surveyor as Well as [REDACTED], State Survey Supervisor. All Monitoring will be kept in Staff education Binder. All staff educated about content and location.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator shall become familiar with the municipal emergency management plan and will audit monthly to ensure the plan is in a public and conspicuous place in the home. [REDACTED] 10/11/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented [REDACTED] - 10/14/2026)

141a - Medical Evaluation**10. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2's only medical evaluation on file was dated [REDACTED], and the resident was admitted on [REDACTED]. Additionally, the medical evaluation indicated "See Attached" in section (8) the medication addendum however, there was no attached medication list with the medical evaluation.

Plan of Correction

Directed [REDACTED] - 10/06/2026)

A copy of Resident #2's DME was located in [REDACTED] EMR chart under "other" signed and dated [REDACTED]

141a Medical Evaluation (continued)

█████ CRNP. A copy is now in █████ physical chart as well. As per regulation all residents are required to provide a DME within 60 days prior to or within 30 days after admission. Audits of previous admissions completed by █████, DCS audit began September 17, 2026 and will continue on each admission. All audits will be kept in education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator shall complete an audit of all current and newly completed resident medical evaluations for accuracy, completeness, and timeliness. █████ 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. █████ 10/6/26

Directed Completion Date: 10/11/2026

Implemented (█████ - 10/14/2026)

183b - Meds and Syringes Locked**11. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:50 a.m. on the bedside table in resident room █████ belonging to resident #2 there was a bottle of █████ that were found unlocked, unattended and accessible. However, resident #2's assessment, dated █████, assessed the resident as unable to self administer any medication and the support plan, also dated █████, indicated the "Resident will need to assist with medication Resident cannot self administer medications" and "direct care staff to provide assistance with all medication needs."

Plan of Correction

Directed (█████ - 10/06/2026)

█████ were removed from Resident 2's room upon discovery. Med Techs were re educated on removing meds from room and proper storage of all prescription meds, OTC, CAM and syringes. Med Techs will be responsible along with Administration to audit resident rooms on each shift. Audits will be kept in education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

Within one day of receipt of the plan of correction: The administrator or designated staff person shall audit the home weekly to ensure compliance with Regulation 2600.183b. █████ 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. █████ 10/6/26

Directed Completion Date: 10/11/2026

Implemented (█████ - 10/14/2026)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed numerous medications on numerous dates and times that were not documented on the resident's September 2026 medication administration record at the time of administration to include but not limited to:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction**Directed ([REDACTED] - 10/06/2026)**

All medications will be administered as ordered by MD and documented at time of administration by med-tech or nurse who administered. All Med-techs and nurse have been educated on timely administration and documentation. All orders and MARS are being monitored daily by [REDACTED] RN or [REDACTED] and audits are being kept in education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented ([REDACTED] - 10/14/2026)**187d Follow Prescriber's Orders****13. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED] However, on dates ranging from 9/9/26 until 9/13/26, resident #2 was not administered [REDACTED] because the medication was not available in the home to administer to the resident.

Plan of Correction**Directed ([REDACTED] - 10/06/2026)**

All medications will be available as ordered by MD. Pharmacy and Hospice notified for timely delivery. All medications currently prescribed are in facility. Pharmacy and Hospice educated on timely delivery of medications and physicians orders being delivered timely to ensure medications are administered per MD order. An incident report was completed. The medications were administered per order but were not documented due to Med Tech error. Med tech was re-educated by [REDACTED] RN per policy and disciplined. Resident's chart has been updated with paper MAR. MAR audits are being performed daily.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

187d - Follow Prescriber's Orders (continued)

Within one day of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete a weekly audit of MARs to ensure compliance with Regulation 2600.187b. 10/6/26

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. 10/6/26

Directed Completion Date: 10/11/2026

Implemented () - 10/14/2026)

191 - Resident Right to Refuse**14. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There was no documentation that resident #2 [REDACTED], had been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Directed () - 10/06/2026)

Right to refuse medication has been added to the Residents Rights and each resident has or will receive a copy of Resident Rights upon admission. Resident's POA will also receive a copy of Resident Rights upon admission. All admission packets were audited and all future admissions will receive a copy of Resident Rights and are verbally read on admission by the Admissions Coordinator [REDACTED] and signed on admission. Audit to be completed by Executive Director and placed in education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. 10/6/26

Directed Completion Date: 10/11/2026

Implemented () - 10/14/2026)

224a - Preadmission Screen Form**15. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2, admitted [REDACTED] did not have a determination documented on the Department's pre-admission screening form that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Directed () - 10/06/2026)

All Resident's will be assessed using the State's preadmission screening form prior to admission assuring that the Resident's needs can be met by the services provided by Colonial Oaks Personal Care. All Preadmission screens will be audited by Executive Director prior to admission. Audits will be completed by Executive Director prior to

224a - Preadmission Screen Form (continued)

admission. Audit will be kept in Education binder.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. █ 10/6/26

Directed Completion Date: 10/11/2026

Implemented (█ - 10/14/2026)

225c - Additional Assessment**16. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2 was admitted to █ however, the resident's assessment was not updated to reflect █ as a formal support and the care and services to be provided by the █ agency were not indicated anywhere in the assessment.

Plan of Correction

Directed (█ - 10/06/2026)

Resident #2's RASP has been updated to include the care provided by █ all provided services have been clearly identified and documented on the RASP by █, RCC. All future RASPs will include services provided by outside agencies in addition to services required by Colonial Oak's care staff. All new admissions will have a RASP completed by █ RN or █ RCC within 15 days of admission. Audits to be filed in education binder. Resident #2 █ completed rasp is attached.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. █ 10/6/26

Directed Completion Date: 10/11/2026

Implemented (█ - 10/14/2026)

227a - Support Plan 30 Days**17. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2's assessment, completed on █ indicated the resident has a medical diagnosis of █ which was indicated on the medical evaluation dated █. However,

227a - Support Plan 30 Days (continued)

the resident's support plan, also completed on [REDACTED], did not indicate the plan to meet medical need, frequency, or responsible party for the medical diagnosis, those areas of the support plan were left blank.

Plan of Correction**Directed ([REDACTED] - 10/06/2026)**

No sections of the support plan (RASP) will be left blank and each diagnosis will be addressed with plan to meet care need and frequency as well as indicate the person or persons who are responsible to meet the need associated with diagnosis. support plan was completed by past administration and has since been updated to reflect all care provided by our staff and hospice staff. Ongoing audit of RASP will continue.

Proposed Overall Completion Date: 11/03/2026

DIRECTED

By 10/11/26 the Administrator shall ensure all aspects of the plan of correction have been initiated. [REDACTED] 10/6/26

Directed Completion Date: 10/11/2026

Implemented ([REDACTED] - 10/14/2026)