



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CA SENIOR MCCANDLESS II OPERATOR LLC

LEGAL ENTITY

To operate ANTHOLOGY OF MCCANDLESS

NAME OF FACILITY OR AGENCY

Located at 8651 CAREY LANE, PITTSBURGH, PA 15237

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 37

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 16, 2022 until August 28, 2022 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449980**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21



Email date: March 17, 2022

CA Senior McCandless II Operator LLC
8651 Carey Lane
Pittsburgh, Pennsylvania 15237

RE: Anthology of McCandless
Certificate #: 449980

Dear CA Senior McCandless II Operator LLC:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 94 to 120 . The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

**Self-Inspection and Declaration Tool – Increase in Maximum Capacity
55 Pa.Code Chapter 2600**

Facility Name: Anthology of McCandless	Current Maximum Capacity: 94	New Maximum Capacity: 120
Street Address: 8651 Carey Lane Pittsburgh, PA 15237		
License Number: 449980		
Inspection Date(s): 2/21/22-2/28/22	Facility Inspectors: Self Inspection by [REDACTED] PCHA/Executive Director	

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
81(a) The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
82(a)-(c) Poisonous materials shall be stored in their original, labeled containers. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces. 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.	Poisonous materials are being stored in original, labeled containers and in the appropriate placed for resident safety.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
83(a)-(b) The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home. If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.	No changes to heating and cooling systems since initial inspection or last annual inspection. All common areas have visible thermostats that are monitored by facility staff to ensure compliance.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	Heating sources are not accessible to residents.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
85(a)-(d) Sanitary conditions shall be maintained. There may be no evidence of infestation of insects or rodents in the home. Trash shall be removed from the premises at least once a week. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	Trash is removed from resident apartments, the kitchen, common areas and offices daily. The facility has a waste removal vendor who removes trash from the premises 2-3 times a week, or as needed. In additional, the facility has preventive pest control services in place.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
86(a)-(b) All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met. Facility rounds conducted the week of 2/21/22, no issues were identified with lighting in these areas that would cause any day to day issues or safety concerns during an evacuation.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
88(a)-(b) Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. The home may not use asbestos products for renovations or new construction.	Floors, wall, ceilings, windows, doors and surfaces are clean and in good repair. Facility opened in 2019, no major wear and tear present. On site maintenance staff addresses any issues that arise timely. Asbestos products have not been used and there has been no new construction since opening.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
89(a)-(b) The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the residence. Hot water temperature in areas accessible to the resident may not exceed 120°F.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met. Water temps are checked weekly, any necessary adjustments can be made by facility staff. Another sampling of water temps were collected for this review, no violation.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
92 Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.	All accessible windows have screens in place and are in good repair. Facility staff checked all facility windows on 2/22/22 and found no issues.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
93(a)-(b) Each ramp, interior stairway and outside steps must have a well-secured handrail. Each porch must have a well-secured railing.	No ramps on site. All stairways and steps have secure handrails in place. All balconies have well secured railings.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
94(a)-(b) Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet. Interior stairs, exterior steps and ramps must have nonskid surfaces.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
95 Furniture and equipment must be in good repair, clean and free of hazards.	Furniture and equipment is clean and in good repair. In the event there is an issue facility staff are able to address or will removed until the issue is corrected.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
98(b) The home shall have at least one furnished living room or lounge area for residents, their families and visitors. The combined living room or lounge areas shall accommodate all residents at one time. . These rooms or areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.	The facility has numerous furnished lounge and activities spaces for residents and families to use including a theater, living room, lounge, art room, library and private dining rooms. Each of these spaces has the appropriate lighting and furniture in place.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
<p>101(a)-(r) Each single bedroom must have at least 80 square feet of floor space measured wall to wall, including space occupied by furniture. Each shared bedroom must have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture. Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs. No more than four residents may share a bedroom. Ceiling height in each bedroom must be an average of at least 7 feet. Each bedroom must have a window with direct exposure to natural light. A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents. A resident shall be able to access toilet, hand washing and bathing facilities without having to pass through another resident's bedroom. A resident shall have access to his bedroom at all times. Each resident shall have the following in the bedroom: (1) A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress. (2) A chair for each resident that meets the resident's needs. (3) Pillows, bed linens and blankets that are clean and in good repair. (4) A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident. (5) A bedside table or a shelf. (6) A mirror.</p>	<p>There have been no physical changes to the community since initial inspection or last annual inspection. These requirements are being met.</p> <p>A full room sweep was conducted on __ to confirm the following: (1) Beds are in good repair and are in place in each occupied resident unit. (2) An appropriate chair is in place for each occupied resident unit. (3) Pillows, bed linens and blankets are clean, in good repair and are in place. (4) A private closet with shelving is in place in all apartments including in semi-private apartments. (5) Each occupied unit has a bed side table or shelf in place. (6) A mirror is in place in each resident unit. (7) An operable lamp that can be turned on is in place at the bedside of each occupied unit. Staff monitor frequently to replace any bulbs. (8) There are no more than two residents sharing items on this list per unit.</p> <p>No cots, portable beds, bunk beds, or ladders are in resident units.</p> <p>All bedrooms have doors.</p> <p>Walls, ceilings and floors are in good repair. In the event any repairs and cleaning are needed facility staff has the equipment and supplies on site to address timely.</p> <p>All resident units have windows with facility provided blinds that are in good repair.</p>	<p>☒ N/A - No Violation</p> <p>☐ Fully Corrected</p> <p>☐ Partly Corrected</p> <p>☐ Not Corrected</p>

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
<p>(7) An operable lamp or other source of lighting that can be turned on at bedside.</p> <p>(8) If a resident shares a bedroom with other residents, the items specified in paragraphs (4)—(7) may be shared with one other resident.</p> <p>Cots and portable beds are prohibited.</p> <p>Bunk beds or other raised beds that require residents to climb steps or ladders to get into or out of bed are prohibited.</p> <p>A bedroom may not be used as a exit from or used as a passageway to another part of the home unless in an emergency situation.</p> <p>A resident may not be required to share a bedroom with an individual of the opposite sex.</p> <p>The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.</p> <p>There must be doors on the bedrooms.</p> <p>Space for storage of personal property shall be provided in a dry, protected area.</p> <p>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.</p>		
<p>102(a)-(e), (h)-(i)</p> <p>There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.</p> <p>There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.</p> <p>There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.</p> <p>Toilet and bath areas must have grab bars, hand rails or assist bars.</p> <p>Bathtubs and showers must have slip-resistant surfaces.</p> <p>Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.</p> <p>Toilet paper shall be provided for every toilet.</p> <p>A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.</p>	<p>There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.</p> <p>All resident apartments in personal care have private bathrooms. Of the 37 units in Memory Care only 4 are semi private, those still meet the requirements.</p> <p>Bathrooms include accessible slip-resistant showers, grab bars, soap dispensers and toilet paper is provided to each bathroom.</p>	<p>☒ N/A - No Violation</p> <p>☐ Fully Corrected</p> <p>☐ Partly Corrected</p> <p>☐ Not Corrected</p>

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
104(a) A dining room area shall be equipped with tables and chairs and able to accommodate the maximum number of residents scheduled for meals at any one time.	Opening dining times are offered to residents in Personal Care and Memory Care, as a result overcrowding is not an issue. Regardless the max amount, 37 in MC and 88 in PC, can be accommodated in the dining spaces for meals.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
121(a)-(b) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met. Facility staff regularly monitor egress routes to ensure that these paths are not obstructed by any obstacles.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
122 Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
123(a)-(d) Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost. 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. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor. If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met. Emergency procedures are available at the front desk and visible to residents, staff and guests. Evacuation diagrams are posted centrally posted on every floor. Fire safe areas have been designated by our area Fire Marshall. Fire Marshal was on site for annual safety inspection on 2/23/22. Annual supervised drill is scheduled for March 2022.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
125(a)-(b) Combustible and flammable materials may not be located near heat sources or hot water heaters. Combustible materials shall be inaccessible to residents.	Combustible and flammable materials are stored away from heat sources and are inaccessible to residents. Three paint cans were found in a large electrical room, those were moved upon inspection and stored in the appropriate place.	☐ N/A - No Violation ☒ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
127(a)-(b) Portable space heaters are prohibited. Nonportable space heaters must be well vented and installed with permanent connections and protectors.	There are no portable space heaters permitted on site. This is outlined in our resident lease agreement. In the event one is located it is removed immediately. Rooms sweeps were conducted the week of 2/21/22-2/24/22 and none were found on site.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
128(a)-(c) The use of kerosene burning heaters is prohibited. Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and cleanings shall be kept. Wood and coal burning stoves must be securely screened or equipped with protective guards while in use.	There have been no physical changes to the community since initial inspection or last annual inspection. There are no kerosene burning heaters, nor any wood or coal burning stoves on site. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
129(a)-(b) A fireplace must be securely screened or equipped with protective guards while in use. A fireplace chimney and flue shall be cleaned when there is an accumulation of creosote. Written documentation of the cleaning shall be kept.	Only electric non heat emitting fire places are used at the facility and those have protective guards in place.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected
130(a)-(d),(i) There shall be an operable automatic smoke detector located within 15 feet of each bedroom door. The smoke detectors specified in subsection (a) shall be located in hallways. Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.	There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.	☒ N/A - No Violation ☐ Fully Corrected ☐ Partly Corrected ☐ Not Corrected

Regulation- 55 Pa.Code Ch. 2600	Violation and Corrective Action, if Applicable	Corrective Action Status, if Violation was Found (Select)
<p>If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.</p> <p>In homes housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.</p>	<p>There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.</p> <p>24-hour monitoring service is in place which contacts both the fire department and a facility contact in the event of an emergency.</p>	
<p>131(a)-(f)</p> <p>There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.</p> <p>If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.</p> <p>A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).</p> <p>Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.</p> <p>Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.</p> <p>Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.</p>	<p>There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.</p> <p>There are two fire extinguishers per floor in addition to one in the kitchen for a total of 9 on site.</p> <p>Dates of inspection are listed on the extinguishers, facility is in compliance with the annual inspection requirement.</p>	<p>☒ N/A - No Violation</p> <p>☐ Fully Corrected</p> <p>☐ Partly Corrected</p> <p>☐ Not Corrected</p>
<p>133</p> <p>The following requirements apply for a home serving nine or more residents:</p> <p>(1) Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.</p> <p>(2) 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.</p> <p>(3) Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.</p>	<p>There have been no physical changes to the community since initial inspection or last annual inspection. This requirement is being met.</p> <p>Many of the facility EXIT signs have lighting connected, all are operating properly.</p>	<p>☒ N/A - No Violation</p> <p>☐ Fully Corrected</p> <p>☐ Partly Corrected</p> <p>☐ Not Corrected</p>

Declaration

By signing below, I swear that the above information is true and correct, that the agency is responsible for compliance with all applicable statutes and regulations, including but not limited to Article X of the Public Welfare Code, 62 P.S. § 1001 et seq. and 55 Pa. Code § 20.1 et seq., and that knowingly providing inaccurate information may lead to enforcement action up to and including revocation of the agency's license to operate

Signature of Legal Entity Representative

Printed Name of Legal Entity Representative

Date Signed

2-28-22