



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **WELLTOWER OPCO GROUP LLC**

LEGAL ENTITY

To operate **HEMSLEY HOUSE PERSONAL & MEMORY CARE OF MCCANDLESS**

NAME OF FACILITY OR AGENCY

Located at **900 LINCOLN CLUB DRIVE, 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 **153**

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 40**

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 **May 29,** **2025** until **December 15,** **2025** ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448800**


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 – 04/23



Emailing Date: May 28, 2025

[REDACTED]
Welltower OPCO Group LLC
900 Lincoln Club Drive
Pittsburgh, Pennsylvania 15237

RE: Hemsley House Personal Care &
Memory Care of McCandless
License #: 448800

Dear [REDACTED]:

The Department has granted an approval of a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision is to reflect the change in name of the home from Sunrise of McCandless to Hemsley House Personal Care & Memory Care of McCandless. The expiration date of the license remains unchanged.

Any future requests for revisions 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 "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License