



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: April 6, 2018**

Mr. Michael Stein  
Authorized Representative  
Welltower OPCO Group, LLC  
7902 Westpark Drive, Suite T900  
McClellan, Virginia 22102

RE: Sunrise of McCandless  
900 Lincoln Club Drive  
Pittsburgh, Pennsylvania 15237  
Certificate #: 448800

Dear Mr. Stein:

As a result of the Department of Human Services' licensing inspection on January 25, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUNRISE OF MCCANDLESS		License Number: 44880
Address: 900 LINCOLN CLUB DRIVE, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Beverly Bowser		Region: WEST
Legal Entity Name: WELLTOWER OPCO GROUP LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy 1-2 11/19/2008 Town of McCandless		RECEIVED MAR 16 2018 WEST VIRGINIA STATE POLICE 1000 W. MAIN ST. MARTINSBURG, WV 26151
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 165	Waking Staff: 124
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/25/2018: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 100 Secured Dementia Care Unit in Home: Yes Area: 3rd floor Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 18 Number of Hospice Residents in past year: 30		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 100 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 65 Have a Physical Disability: 0

Violation Report: 44880 - 01/25/2018 - McConnell, Deb  
 PCH Name: SUNRISE OF MCCANDLESS

1. REGULATION 55 Pa.Code §2600  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is diagnosed with dementia and resides in the secured dementia care unit. The resident's medical evaluation and support plan, both dated 12/8/17, indicate the resident requires total physical assistance to transfer. Also, the resident's support plan indicates he/she is unable to turn or reposition self in bed.

On 1/21/18, at approximately 10:20 p.m., staff person A noticed resident #1 had unexplained bruising and abrasions on his/her face. The resident was in bed. On 1/22/18, at approximately 12:10 a.m., staff person B reported to staff person C of the suspicious injuries to resident #1; however, the home did not immediately report the suspected abuse to the local Area Agency on Aging (AAA). A report was made to the AAA on 1/22/18 at 7:15 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED ; Page 2A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) BEVERLY A BOWSER, Executive Dir Date 3/16/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/28/18</u> (Date)	Plan of correction implementation status as of <u>3/28/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

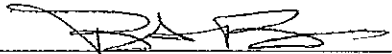
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### Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of McCandless  
 Address of PCH: 900 Lincoln Club Drive  
 License number: 448800  
 Inspection date(s): January 25, 2018  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Beverly A. Bowser, Executive Director (Administrator)

Signature of Sunrise Representative:   
 Date of Submission: 3/16/18

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)	2/10/18	Staff members (including staff members A, B and C) were retrained on Abuse Reporting (OAPSA) including immediately reporting suspected abuse of a resident and notifying the Manager on Duty and the Executive Director. (Please see attached).
	2/10/18	Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually for all team members.
	2/10/18	The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director.
	1/25/18	The telephone number for AAA is posted in the community workroom to enable easy access and also provided during new hire and annual training to all team members.
	2/10/18	Upon witnessing or being informed of an abuse incident or allegation of abuse Team Members must immediately notify the Executive Director/Designee to ensure verbal notification to AAA is made immediately. Written notification to AAA is made within 48 hours utilizing the Mandatory Abuse Form completed by the Executive Director/Designee.
	2/10/18	Incidents are reviewed daily during the morning Stand-up meeting to confirm proper reporting procedures were followed.
	By 2/28/18	During the monthly Quality Management (QAPI) meeting, the

Signature of Sunrise Representative:   
 Date of Submission: 3/16/18

See Page 2B of 4

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*



MAR 16 2018

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
		<p>committee reviews incident reporting trends to confirm they are being reported timely. If there is a negative trend to indicate incident reports are not being reported timely an improvement plan is developed and implemented.</p> <p style="text-align: right;"><i>[Signature]</i> 3/16/18</p>

Signature of Sunrise Representative:

*[Signature]*

Date of Submission:

3/16/18

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.