



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Mr. Edward A. Frantz  
Authorized Person  
Welltower OPCO Group LLC  
ATTN: Menerva Philson  
7902 Westpark Drive  
McLean, Virginia 22102

RE: Sunrise of Upper St. Clair  
500 Village Drive  
Upper St. Clair, Pennsylvania 15241  
Certificate #: 448820

Dear Mr. Frantz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 22, 2018; May 23, 2018 and May 24, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
PCH Name: SUNRISE OF UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 5/22/18, at approximately 11:00 a.m., a copy of Chapter 2600, Personal Care Homes was not posted in a conspicuous and public place in the home.

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.

Please see attached Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*(Edmondson)*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Casey Edmondson

Date

9/19/18

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

The above plan of correction is approved as of

9/18/18  
(Date)

Plan of correction implementation status as of

9/18/18  
(Date)

The above plan of correction was approved by

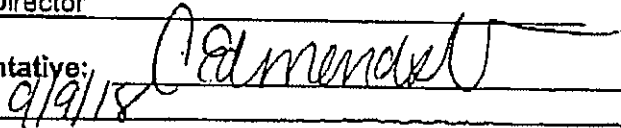
*(Signature)*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

### Sunrise Senior Living Plan of Correction

Page 24 of 98

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 500 Village Drive Upper St. Clair PA 15241  
 License number: 448820  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 9/9/18

Regulation 55 Pa Code S 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.3 (c)	5/22/18	Immediately upon walkthrough with licensing rep, a copy of Chapter 2600 was placed back in the designated spot at the entrance of the community.
	5/23/18	The Executive Director reviewed the regulation with department coordinators as well as front desk/ concierge team at department head meeting. All team members aware of regulation.
	9/9/18	The front desk staff/concierge to check daily to ensure that book is in place, this has been added to daily check list.
	9/9/18	The POC is reviewed and evaluated by the Executive Director and Coordinators at the monthly Quality Management meeting to confirm it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.



*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.*

Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
PCH Name: SUNRISE OF UPPER ST CLAIR

1. REGULATION 85 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B did not receive training in meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2017.

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.

Please see attached Page 3A

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)      C. Edmondston

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Casey Edmondston      Date 9/9/18

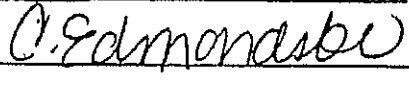
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/8/18</u> (Date)	Plan of correction implementation status as of <u>9/6/18</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

### Sunrise Senior Living Plan of Correction

PAGE 3A of B

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 500 Village Drive Upper St. Clair PA 15241  
 License number: 448820  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 9/9/18

Regulation 65 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.65 (f)	5/28/18	Executive Director and department heads completed audit of all annual training for 2017 training year. Staff Person A and B assigned to make up required topics that were missed as part of their 2017 annual training. This will be completed in addition to the topics required for 2018.
	5/28/18	Department Coordinators to review annual required trainings at monthly staff meetings. Following meetings, department coordinators to review attendance of meeting, and develop action plan to complete specific training with all required staff.
	5/28/18	Quarterly meeting with Executive Director, Business Office Coordinator, and Department Coordinators to review training logs, to ensure that all training is in compliance year to date.
	5/28/18	Staff understanding of required training, as well as attendance and compliance with training will be evaluated in conjunction with annual performance appraisals by their respective Department Coordinators.
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

 9/18/18

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Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
PCH Name: SUNRISE OF UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 5/22/18, there was no window screen in the far right window in bedroom #221A and no window screen in the far right window in the common sitting area on the first floor.

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.

Please see attached Page 4A

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *C. Edmondston*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cassie Edmondston*      Date *9/9/18*

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

The above plan of correction is approved as of 9/15/18 (Date)

The above plan of correction was approved by [Signature] (Initials)


Plan of correction Implementation status as of 9/18/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

### Sunrise Senior Living Plan of Correction

Page 4A of 8

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 500 Village Drive Upper St. Clair PA 15241  
 License number: 448820  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 9/9/18

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.92	5/22/18	During community walkthrough both windows (window in room #221A, and common area) were locked.
	5/22/18	Following community walkthrough, Maintenance coordinator and Maintenance assistant, installed screen into both locations noted.
	5/25/18	The Executive Director and Maintenance Coordinator completed a full walk through of community to ensure that all other windows had screens in place.
	6/1/18	Maintenance Coordinator to continuously monitor for missing screens during daily walk through. All staff persons informed of regulation at mandatory staff meeting, and staff persons no document any missing or damaged screens immediately so that they can be repaired promptly.
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

 9/18/18

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Violation Report: 44882 - 06/22/2018 - McConnell, Deb  
PGH Name: SUNRISE OF UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2800  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 6/22/18, the right closet door handle was missing in bedroom #123.

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.*

Please See Attached Page 5A

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)      C. Edmondson

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Casey Edmondson      Date 9/9/18

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

The above plan of correction is approved as of 9/18/18  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 9/18/18  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

### Sunrise Senior Living Plan of Correction

Page 5A of 8

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 500 Village Drive Upper St. Clair PA 15241  
 License number: 448820  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 9/9/18

Regulation 55 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.95	5/22/18	Immediately following community walk through, Maintenance coordinator repaired door handle.
	5/28/18	Maintenance Coordinator and Maintenance Assistant completed full community walk through to ensure that all furniture was in good repair.
	6/1/18	Department coordinators trained all direct care staff on utilization of maintenance log, staff directed to document any necessary repairs so that they can be addressed promptly.
	6/1/18	Maintenance coordinator to continue routine community walkthroughs to ensure all furniture in good repair.
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

 9/18/18

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Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
PCH Name: SUNRISE OF UPPER ST CLAIR

**1. REGULATION 55 Pa.Codes §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed Seroquel 75mg, twice daily; however, the medication label indicates Seroquel 25mg, 2 tablets at bedtime.

**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 Page 6A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>C. Edmondston</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Casen Edmondston</i>	<i>9/9/18</i>

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

The above plan of correction is approved as of <u>9/18/18</u> (Date)	Plan of correction implementation status as of <u>9/18/18</u> (Date)
The above plan of correction was approved by  (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

**Sunrise Senior Living  
Plan of Correction**

*Page 6A of 8*

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 500 Village Drive Upper St. Clair PA 15241  
 License number: 448820  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative: *(C. Edmondston)*  
 Date of Submission: *9/9/18*

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.184(a)	5/24/18	Following medication review, Resident care director contacted PCP to clarify discrepancy. Label on medication corrected.
	5/25/18	Whole community MAR-Cart Audit completed by wellness nurses and resident care director. Any discrepancies found were corrected
	6/5/18	Meeting held with all medication care managers as well as wellness nurses to review medication labels/pharmacy labels. All staff aware that container label and order must match, staff provided with medication change stickers to use as applicable. Resident care director reviewed policy of daily cart Audits which are to be done by medication care managers.
	9/9/18 and ongoing	Community continues to audit med carts on a weekly basis, comparing EMAR to the medication cart, these audits are completed weekly by wellness nurse (LPN) and monthly by resident care director (RN)
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

*(Signature) 9/18/18*

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Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
 PCH Name: SUNRISE OF UPPER ST CLAIR

**1. REGULATION 56 Pa.Code §2800**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed Seroquel, 75mg, twice daily, however, the May 2018 medication administration record (MAR) indicates Seroquel 50mg, 1 tablet twice daily.

Resident #2 is prescribed Tamsulosin, 0.4mg, 1 capsule daily, 30 minutes after same meal each day. The May 2018 MAR does not include the instructions indicating to administer 30 minutes after same meal each day.

Resident #3 is prescribed Hydrocortizone 2.5% Cream, however, the May 2018 MAR does not indicate the medication.

Resident #3 is prescribed Rulox Suspension 400-400-40mg/5ml, 1 teaspoon every 6 hours as needed. The May 2018 MAR indicates Rulox Suspension 200-200-20mg/5ml, give 30ml every 8 hours as needed.

**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.

Page 7A  
 Please see attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Casey Edmondston</i>	Date <i>9/9/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9/8/18  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

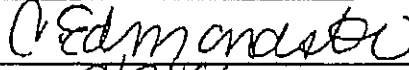
Plan of correction implementation status as of 9/8/18  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

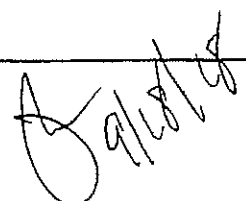
Page 7A of 8

### Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Upper St. Clair  
 Address of PCH: 600 Village Drive Upper St. Clair PA 15241  
 License number: 448620  
 Inspection date(s): 5/22/18, 5/23/18, 5/24/18  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 9/9/18

Regulation 55 Pa Code, § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.187(a)	5/24/18	Immediately following exit, Resident care director contacted all physicians to clarify orders, all discrepancies were immediately corrected.
	5/25/18	Whole community MAR-Cart Audit completed by wellness nurses and resident care director. Any discrepancies found were corrected.
	6/5/18	Meeting held with all medication care managers as well as wellness nurses to review medication labels/pharmacy labels. All staff aware that container label and order must match, staff provided with medication change stickers to use as applicable. Resident care director reviewed policy of daily cart Audits which are to be done by medication care managers.
	9/9/18 and ongoing	Community continues to audit med carts on a weekly basis, comparing EMAR to the medication cart, these audits are completed weekly by wellness nurse (LPN) and monthly by resident care director (RN)
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.



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Violation Report: 44882 - 05/22/2018 - McConnell, Deb  
PCH Name: SUNRISE OF UPPER ST CLAIR

1. REGULATION 88 Pa.Code §2600  
2800.225(c) - The resident shall have additional assessments as follows:  
(1) Annually.  
(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.

2a. DESCRIPTION OF VIOLATION  
The assessment, dated 5/22/18, for resident #5, indicates the resident has no hallucinations. However, multiple staff interviews indicate the resident has hallucinations.

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.

Please see attached Page 8A

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *C. Edmonda*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cassie Edmonda*      Date: *9/9/18*

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

The above plan of correction is approved as of 9/9/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 9/18/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

### Sunrise Senior Living Plan of Correction

**Name of Personal Care Home:** Sunrise Senior Living of Upper St. Clair  
**Address of PCH:** 500 Village Drive Upper St. Clair PA 15241  
**License number:** 448820  
**Inspection date(s):** 5/22/18, 5/23/18, 5/24/18  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Casey Edmondston, Executive Director

**Signature of Sunrise Representative:** *C. Edmondston*  
**Date of Submission:** 9/9/18

Regulation 55 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.225(c)	5/24/18	Immediately following exit, Reminiscence coordinator updated resident individualized service plan, to reflect hallucinations. Complete review of resident service plan completed.
	5/25/18	Reminiscence Coordinator and Resident care Director began full review of all Reminiscence residents individualized service plans to ensure that all service plans correctly reflect resident needs. Specifically behaviors as well as hallucinations.
	6/1/18 and ongoing	Upon admission, change of condition, and annually the Resident Care Director and respective Care Coordinator will review resident needs and develop new care plan based off of assessment/ and DME. The Care Coordinators will review the assessment and support plan results with the interdisciplinary team and ensure that it is consistent with the resident needs.
	6/1/18 and ongoing	The Executive Director, Care Coordinators, and Resident Care Director routinely perform audit of resident service plans and assessments to ensure that all resident needs are accurately captured. This will be reviewed monthly at Quality Assurance and Performance Improvement (Quality Management) meeting.
	9/9/18	The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

*[Handwritten Signature]*

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