



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: January 22, 2019

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

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

Dear Mr. Frantz:

As a result of the Department's Bureau of Human Services Licensing inspection on August 28, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

**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 I-2 11/19/2008 Town of McCandless		RECEIVED DEC 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 165	Waking Staff: 124
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/28/2018: Hoover, Josh; Spagna, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 100 Secured Dementia Care Unit In Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 22 Number of Hospice Residents in past year: 41	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 99 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 65 Have a Physical Disability: 0	

Violation Report: 44880 - 08/28/2018 - Hoover, Josh

PCH Name: SUNRISE OF MCCANDLESS

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 8/20/2018, at approximately 6:45p.m., staff person A was assisting resident #1 with his/her hygiene routine. The resident requires a plastic covering to be placed over a dressing on his/her foot during hygiene, and on this date, the resident did not believe that the covering was secured properly and refused to shower. Staff person A insisted that he/she would fix the covering and continued to prepare the bathroom for resident #1's hygiene. At this time, resident #1 became agitated and began yelling at staff person A, and the resident's spouse became involved. In response, staff person A yelled at resident #1 and his/her spouse, engaging in a shouting match, saying "Just let me do my job!" and "There's no one else here to do this!" This incident was loud enough that multiple staff persons overheard the argument in a different area of the home. Staff person A was then removed from the area and another staff person assisted resident #1 with his/her hygiene routine.

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 OF 2

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

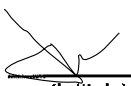
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

BEVERLY A BOWSER Executive Dir

Date 12/28/18

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


The above plan of correction is approved as of 1/7/19
(Date)

The above plan of correction was approved by 
(Initials)


Plan of correction implementation status as of 1/7/19
(Date)

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

Sunrise Senior Living, Inc. Plan of Correction

Name of Personal Care Home: Sunrise of McCandless
Address of PCH: 900 Lincoln Club Drive
License number: 448800
Inspection date(s): August 28, 2018
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Beverly Bowser, Executive Director
Signature of Sunrise Representative:  Executive Director
Date of Submission: 12/28/18

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42 (c)	8/20/18	Team member A was immediately removed from resident care and placed on administrative leave pending investigation.
	8/21/18	Team member A remained on leave through 8/21/18 when the Sunrise terminated the team member's employment.
	9/27/18- 10/17/28	The community conducted re-training for staff on Resident Rights and on the Older Adults Protective Services Act (OAPSA).(see attached)
	9/27/18	Resident Rights/Abuse Reporting Requirements training will continue to be completed upon hire and annually for all team members.
	1/31/19	Residents rights are reviewed with residents upon move in and annually. Residents Rights/Grievance procedures are also posted in the community. Residents will be reminded of the grievance/complaint procedure in case they need to voice concerns about care and services during monthly resident council meetings. Residents are also asked to voice concerns regarding care and services during these meetings.
	12/31/18	During the monthly Quality Management (QAPI) meeting, the committee will review concerns received during the Resident Council meeting or directly from resident/responsible parties. If there is a negative trend to indicate residents feel they are not being treated with dignity and respect an improvement plan is developed and implemented.

Signature of Sunrise Representative:  Executive Director
Date of Submission: 12/28/18

 1/7/19

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.