



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 23, 2018**

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 October 2, 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 that reads "Larry Mazza".

Larry Mazza  
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: 800 LINCOLN CLUB DRIVE, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Beverly Bowser		Region: NORTHEAST
Legal Entity Name: WELLTOWER OPCO GROUP LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		<b>RECEIVED</b>
Certificate(s) of Occupancy I-2 11/19/2008 Town of McCandless		10/16/2018  Western Region Field Office Bureau of Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 166	Waking Staff: 125
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/02/2018: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 99 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: 20 Number of Hospice Residents in past year: 35		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 67 Have a Physical Disability: 0

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10/16/2018

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Western Region Field Office

Bureau of Human Services Licensing

Violation Report: 44880 - 10/02/2018 - Marini, Michael  
PCH Name: SUNRISE OF MCCANDLESS

**1. REGULATION 55 Pa. Code §2800**

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**

On 9-24-18 at approximately 10:30 PM, resident #1 reported to staff person A that staff person B has repeatedly pinched his/her nipples while providing care. However, the home did not report this allegation of abuse to the local Area Agency on Aging until 9-25-18 at 11:50 PM.

**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

See pages 2A and 2B of 5

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/25/2018

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Beverly Boussee Executive Dir.      Date 10/16/18

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

The above plan of correction is approved as of 10/18/18  
(Date)

Plan of correction implementation status as of 10/18/18  
(Date)

The above plan of correction was approved by LB  
(Initials)

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

## Sunrise Senior Living Plan of Correction

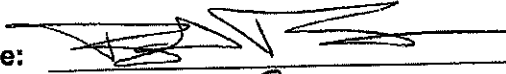
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Page 2A of 5  
10/16/2018

Western Region Field Office  
Bureau of Human Services Licensing

Name of Personal Care Home: Sunrise of McCandless  
 Address of PCH: 900 Lincoln Club Drive  
 License number: 448800  
 Inspection date(s): October 2, 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: \_\_\_\_\_

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)	10/16/18	Staff members (including staff member A) 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).
	10/14/18	Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually for all team members.
	10/14/18	The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director.
	10/14/18	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.
	10/14/18	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.
	10/14/18	Incidents are reviewed daily during the morning Stand-up meeting to confirm proper reporting procedures were followed.

Signature of Sunrise Representative:   
 Date of Submission: 10/16/18

*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.*

10/16/2018

Western Region Field Office  
Bureau of Human Services Licensing

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)- continued	10/14/18	During the monthly Quality Management (QAPI) meeting, the 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.

Signature of Sunrise Representative: 

Date of Submission: 10/16/18

*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.*

Violation Report: 44880 - 10/02/2018 - Marin, Michael PCH Name: SUNRISE OF MCCANDLESS	Western Region Field Office Bureau of Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**  
 On 9-24-18 at approximately 10:30 PM, resident #1 reported to staff person A that staff person B has repeatedly pinched his/her nipples while providing care. However, staff person B provided unsupervised care to residents from approximately 7:00 AM to 3:00 PM on 9-25-18.

**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

See page 3A of 5

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 BOWSER, EXEC. DIR.	Date 10/16/18
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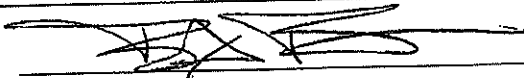
**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/18/18</u> (Date)	Plan of correction implementation status as of <u>10/18/18</u> (Date)
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The above plan of correction was approved by <u>LB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>LB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	10/16/2018 Western Region Field Office Bureau of Human Services Licensing <b>Plan of Correction</b>
2600.15b	9/25/2018	Team member B was placed on administrative leave pending investigation on 9/25/18 at approximately 11:30 PM when staff reported incident to Executive Director
	10/2/18	Team member B remained on leave through 10/2/18 when the team member resigned via telephone at the time of inspection by the department. The community accepted team members' immediate resignation.
	10/16/18	Staff members (including staff member A) 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).
	10/14/18	Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually for all team members.
	10/14/18	Upon witnessing or being informed of an abuse incident or allegation of abuse involving a team member, Team Members will immediately notify the Executive Director/Designee who will immediately develop and implement a plan of supervisor or place the team member on administrative leave pending investigation.
	10/31/18	During the monthly Quality Management (QAPI) meeting, the committee will review incident reporting to ensure any team member suspected of abusing a resident is immediately placed on a plan of supervision or administrative leave pending investigation. If there is a negative trend to indicate a plan of supervision or administrative leave is not implemented timely, an improvement plan will be developed and implemented.

Signature of Sunrise Representative:  \_\_\_\_\_

Date of Submission: 10/16/18

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10/16/2018

Violation Report: 44880 - 10/02/2018 - Marini, Michael PCH Name: SUNRISE OF MCCANDLESS	Western Region Field Office Bureau of Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 9-24-18 at approximately 10:30 PM, resident #1 reported to staff person A that staff person B has repeatedly pinched his/her nipples while providing care. However, the home did not report this allegation of abuse to the Department until 9-26-18 at 5:40 PM.

**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


See page 4A of 5

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)			Date	
BEVERLY BOWEN Exec. DIR			10/16/18	

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	10/16/2018 Western Region Field Office Bureau of Human Services Licensing <b>Plan of Correction</b>
2600.16(c)	10/16/18	Staff members (including staff member A) 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).
	10/14/18	Abuse Reporting Requirements (OAPSA)/Reportable Incidents training will continue to be completed upon hire and annually for all team members.
	10/16/18	The Department Coordinators/Manager on Duty were retrained on Abuse (OAPSA) and requirements for reporting incidents or conditions to the Departments personal care home regional office or personal care home complaint hotline within 24 hours. (Please See attached).
	10/14/18	Incidents are reviewed daily during the morning Stand-up meeting to confirm proper reporting procedures were followed.
	10/31/18	During the monthly Quality Management (QAPI) meeting, the 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.

Signature of Sunrise Representative:  \_\_\_\_\_

Date of Submission: 10/16/18

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Violation Report: 44880 - 10/02/2018 - Marini, Michael Western Region Field Office  
PCH Name: SUNRISE OF MCCANDLESS Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

From January 2018 through September 2018, staff person B has repeatedly twisted resident #1's nipples almost every time staff person B provided care to the resident. Resident #1 described the pinches as painful (a 9 on a scale of 1-10) and indicated it was inappropriate and embarrassed the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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See page 5A of 5

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 Bowser, Exec Dir Date 10/16/18

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 Fully Implemented  
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 Partially Implemented - Inadequate Progress  
 Not Implemented

