



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 11 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 annual inspection on October 30, 2018, of the above facility, the violations 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.

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  
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 FEB 5 2019 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 164	Waking Staff: 123
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/30/2018: Hoover, Josh; Barry, Courtney; Duncan, Amy		
<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: 97 ✓ 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: 27 ✓ Number of Current Hospice Residents: 22 ✓ Number of Hospice Residents in past year: 40 ✓	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 96 ✓ Have Mental Illness: 4 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 67 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 44880 - 10/30/2018 - Hoover, Josh  
 PCH Name: SUNRISE OF MCCANDLESS

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were no paper towels or other method of hand drying in the public restroom near the 3rd floor medication room.

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.*

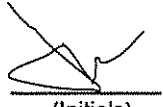
PLEASE  
 SEE ATTACHED Page 2a of 3

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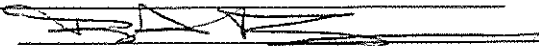
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) BEVERLY BOWSER, EXECUTIVE DIRECTOR Date 2/5/19


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

The above plan of correction is approved as of <u>2/12/19</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2/12/19</u> (Date)  <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 Template

Name of Community: Sunrise of McCandless  
 Address: 900 Lincoln Club Drive Pittsburgh, Pa. 15237  
 License number: 448800  
 Inspection date(s): October 30, 2018  
 Name and Title of Sunrise Representative Signing the Plan of Correction:  
Beverly Bowser, Executive Director  
 Signature of Sunrise Representative:   
 Date of Submission: 2/5/19

Regulation	Target Date by Which Correction will be completed	Plan of Correction
2600.85(a)	10/30/18	The paper towel dispenser was refilled at the time of inspection.
	1/31/19	The housekeeping staff will re-fill dispensers daily. The Department Coordinators/Lead Care Managers on each shift will check paper towel dispensers and fill as necessary.
	1/31/19	The Executive Director/Designee will monitor compliance during daily rounds of the community.
	2/1/19	Any sanitation issues will be reviewed for negative trends during the monthly QAPI meeting and improvement plans will be developed and implemented as necessary.

 2/12/19

*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.*

Violation Report: 44880 - 10/30/2018 - Hoover, Josh  
 PCH Name: SUNRISE OF MCCANDLESS

**1. REGULATION 55 Pa.Code §2600**

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

At approximately 11:15a.m., the trash can in the kitchen of the Secured Dementia Care Unit was uncovered and full of various food trash.

**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.*

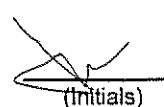
PLEASE  
 SEE ATTACHED Page 3a of 3

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, EXECUTIVE DIRECTOR	Date 2/5/19
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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

Regulation	Target Date by Which Correction will be completed	Plan of Correction
2600.85(d)	<p>10/30/18</p> <p>1/31/19</p> <p>1/31/19</p> <p>2/1/19</p>	<p>Trash can lid in the kitchen of the Secured Dementia Care Neighborhood was replaced at the time of inspection.</p> <p>The Department Coordinators/ Lead Care Manager on each shift will monitor the community daily to ensure trash cans in kitchens and bathrooms are kept covered.</p> <p>The Executive Director/Designee will monitor compliance during daily rounds of the community.</p> <p>During the monthly Quality Management (QAPI) meeting, the committee will review any instances of uncovered trash cans. If there is a negative trend an improvement plan is developed and implemented.</p>

*[Handwritten signature]* 2/15/19

Page 2 of 2

BEVERLY BOWSER, Executive Director

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*[Handwritten signature]* 2/12/19