



pennsylvania

DEPARTMENT OF HUMAN SERVICES

January 22, 2020

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 30, 2019 and May 31, 2019, 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.

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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SUNRISE OF UPPER ST CLAIR* License Number: *448820*
 Address: *500 VILLAGE DRIVE, UPPER ST CLAIR, PA 15241*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *CASEY EDMONDSTON* Phone: *4128312200* Email: *LICENSING@SUNRISESENIORLIVING.COM*

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: *7902 WESTPARK DRIVE, MCLEAN, VA, 22102*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *149* Working Staff: *112*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

05/30/2019 - On-Site: Cindy Mulck, Balinda Graziano, Courtney Barry
05/31/2019 - On-Site: Cindy Mulck

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *36* Residents Served: *32*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>87</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>59</i>	Have Physical Disability: <i>3</i>

15 2019

448820

SUNRISE OF UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

65d - Initial Direct Care Training

Regulations

2600.

65.d.2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 4/30/19, provided unsupervised ADL services on 5/20/19, 5/21/19 and 5/23/19. However, the staff person did not complete the Department-approved direct care training course and pass the competency test until 5/30/19.

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

Legal Entity Representative

[Handwritten Signature]

Signature

12/12/19 Executive Director

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/16/19
(Date)


Plan of correction implementation status as of 12/16/19
(Date)

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

- 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): 5/30/19, 5/31/19
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Casey Edmondston, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 8/20/19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.65 (d) 2	5/31/19	Staff Person A was immediately scheduled to complete the Department approved direct care staff training course and pass the competency test. Staff person A did not return to work until certificate was available. This will be completed and record of completion has been placed in Staff Person A file.
	6/4/19	Executive Director and Business office coordinator completed audit of all staff files, to ensure that certificate of completion of competency test was in all direct staff files.
	9/1/19 and ongoing	Quarterly Executive Director and Business Office Coordinator, will perform audit of employee files to ensure that all required documents are available.
	8/1/19	Scheduled completion of competency test added to new hire training agenda for all direct care staff, community checklist put into place to ensure that all required documents are in place.
	8/29/19	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.

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.

DEC 15 2019

SUNRISE OF UPPER ST CLAIR

448820

WEST REGION FIELD OFFICE
Human Services Licensing

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

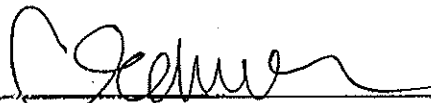
There are no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephone in resident #1's bedroom.

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 3A

Legal Entity Representative


Signature

Executive Director
Printed Name and Title

12/12/19
Date

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(Date)

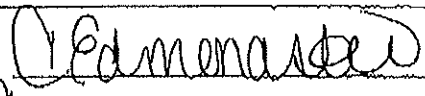
Plan of correction Implementation status as of 12/16/19
(Date)

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

- 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): 5/30/19, 5/31/19
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Cassy Edmondston, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 8/20/19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.01	5/31/19	Immediately following community walkthrough, Lead Care Manager placed emergency phone number sticker on Telephone in Resident #1's bedroom.
	6/4/19	Staff completed full community walkthrough to ensure that stickers were in place on all phones containing emergency numbers to include the nearest hospital and fire department.
	8/20/19	Lead Care Managers and Department Coordinators to be trained on the requirement of emergency numbers to be posted on all telephones in the community. Emergency contact stickers, printed and provided to Lead Care Managers to be available at any time if a sticker should be removed.
	8/20/19	Reminiscence Coordinator and Personal Care Coordinator to ensure that posting of emergency numbers is in place on all telephones in the community while on weekly department walk through.
	8/28/19	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.

10:17 - Lighting/Operable Lamp

WEST REGION - 17 OFFICE
Human Services Department

Regulations

2600.

101J. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have a source of lighting that can be turned on/off at bedside.

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 4A

Legal Entity Representative

Signature

Executive Director

Printed Name and Title

12/12/19

Date

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12/16/19
(Date)

Plan of correction implementation status as of

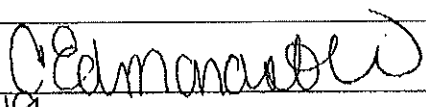
12/16/19
(Date)

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BB
(Initials)

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- 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: 43351
Inspection date(s): 5/30/19, 5/31/19
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Casey Edmondston, Executive Director
Signature of Sunrise Representative: 
Date of Submission: 8/20/19

Regulation § Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.101 (j)	5/31/19	During community walkthrough lamp was not in place on resident #2's bedside table.
	5/31/19	Following community walkthrough, Personal Care Coordinator, Reminiscence Coordinator and Maintenance Coordinator completed full walkthrough of all suites in community to ensure lamps were on all bedsides.
	8/19/19	Maintenance Coordinator to continuously monitor for lamps that may have been removed during daily walk through.
	8/20/19	Reminiscence Coordinator and Personal Care Coordinator to ensure that lamps are present on resident bedside table in suites while on weekly department walk through.
	8/20/19	All staff persons informed of regulation at mandatory staff meeting, and staff persons to document any missing or damaged lamps immediately so that they can be repaired and/or replaced promptly.
	8/28/19	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.