



MAILING DATE: August 7, 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 July 22, 2019, 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 "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

7/31/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *SUNRISE OF MCCANDLESS* License Number: *44880*
 Address: *900 LINCOLN CLUB DRIVE, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Beverly Bowser* Phone: *4124411241* Email: *LICENSING@SUNRISESENIORLIVING.COM*

Legal Entity

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

Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *146* Waking Staff: *110*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

07/22/2019 - On-Site: Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *86*

Secured Dementia Care Unit

In Home: *Yes* Area: *Third Floor* Capacity: *30* Residents Served: *28*

Hospice

Current Residents: *20*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *60* Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/12/19 at approximately 4:00pm, resident #1 reported to staff member A that the resident was physically assaulted by an unidentified female staff person. Staff person A reported the allegation to staff person B on 7/12/19; however, the allegation was not reported to the Area Agency on Aging until 7/15/19.

REPEAT VIOLATION: 10/2/2018

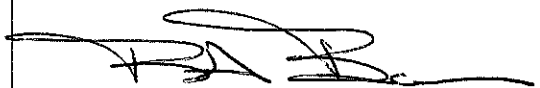
Plan of Correction (POC)

(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 3

Legal Entity Representative



Signature

BEVERLY A BOWSER 7/31/19
Printed Name and Title EXECUTIVE DIRECTOR Date

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

The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

The above plan of correction was approved by FB
(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 of McCandless
Address of PCH: 900 Lincoln Club Drive
License number: 448800
Inspection date(s): July 22, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Beverly A. Bowser, Executive Director (Administrator)


Signature of Sunrise Representative: _____
Date of Submission: 7/31/19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)	7/31/19	Staff members and Department Coordinators (including staff member B) were retrained by the Executive Director/Designee, on Abuse Reporting (Older Adults Protective Services Act/OAPSA) including immediately reporting suspected abuse of a resident and notifying the Manager on Duty and the Executive Director. (Please see attached).
	7/31/19	Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and semi-annually for all team members.
	7/29/19	The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director.
	7/29/19	The telephone number for AAA is posted in the community workroom to enable easy access and also provided during new hire and semi-annually training to all team members.
	7/29/19	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.
	7/29/19	Incidents are reviewed daily during the morning Stand-up meeting to confirm proper reporting procedures were followed.

Signature of Sunrise Representative:  ED

Date of Submission: 7/31/19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)- continued	7/31/19	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: 7/31/19 _____

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 7/12/19 at approximately 4:00pm, resident #1 reported to staff member A that the resident was physically assaulted by an unidentified female staff person. Staff person A reported the allegation to staff person B on 7/12/19; however, the allegation was not reported to the Department until 7/15/19.

REPEAT VIOLATION: 10/2/2018

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 3A of 3

Legal Entity Representative

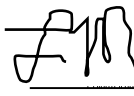

Signature

BEVERLY A BOWSER 7/31/19
Printed Name and Title EXECUTIVE DIRECTOR Date

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(Initials)

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- Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.16(c)	7/31/19	Staff members and Department Coordinators (including staff member B) 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).
	7/31/19	Abuse Reporting Requirements (OAPSA)/Reportable Incidents training will continue to be completed upon hire and semi-annually for all team members.
	7/29/19	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).
	7/29/19	Incidents are reviewed daily during the morning Stand-up meeting to confirm proper reporting procedures were followed.
	7/31/19	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: 7/31/19 _____

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.