



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CA SENIOR MCCANDLESS II OPERATOR LLC
LEGAL ENTITY

To operate ANTHOLOGY OF MCCANDLESS
NAME OF FACILITY OR AGENCY

Located at 8651 CAREY LANE, PITTSBURGH, PA 15237
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 94
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 37

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 28, 2019 until August 28, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449980**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



August 28, 2019

Ms. Nichole Mitcham
Administrator
CA Senior McCandless II Operator, LLC
130 E Randolph S., Suite 2100
Chicago, Illinois 60601

RE: Anthology of McCandless
8651 Carey Lane
Pittsburgh, Pennsylvania 15237
License #: 449980

Dear Ms. Mitcham:

As a result of the Department's Bureau of Human Services Licensing inspection on August 7, 2019, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Ms. Nichole Mitcham

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Hancock', written in a cursive style.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *Anthology of McCandless*

License Number: 44998

Address: *8651 Carey Lane , Pittsburgh, PA 15237*

County: *ALLEGHENY*

Region: *WESTERN*

Administrator

Name: *Nichole Mitcham*

Phone: *412-392-7000*

Email: *nmitcham@stonecrestseneiorliving.com*

Legal Entity

Name: *CA Senior McCandless II Operator, LLC*

Address: *130 E Randolph S. Suite 2100, Chicago, IL, 60601*

Certificate(s) of Occupancy

Type: *I-1*

Date: *03/18/2019*

Issued By: *Township of McCandless*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *0*

Waking Staff: *0*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Announced*

Reason: *New*

Inspection Dates and Department Representative

08/07/2019 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94*

Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes*

Area: *4th Floor*

Capacity: *37*

Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

84 - Heat Sources

Regulations

2600.

- 84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At 11:00 a.m., the metal border around the fireplace located in the living room on the second floor by the front entrance to the home, was 150.2 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the metal border of the fireplace.

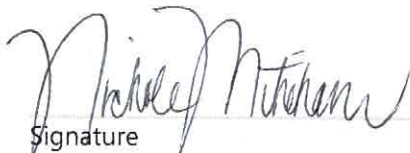
Plan of Correction (POC)

(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.)

1. In order to provide a safe environment to residents and guests the heat source is being removed from the fireplace.
2. Moving forward this fireplace will be purely decorative. The current insert will be removed and replaced with a non-heat electric fireplace insert.
3. This fireplace is not a primary heat source. The common area where this is located has heat available in the room.
4. The manufacturer of the current insert has been contacted for their recommendation on the best non heating fireplace insert for the space. Once information has been received the community will order and have a professional install.
5. Until that time gas has been shut off to the fireplace and it is inoperable at this time and does not put out any heat. The gas was turned off to the heat source on 8/8/19 by the construction company. *fy* 8/16/19

*Email from construction company confirming gas has been shut off to the fireplace attached.
 *Non-heat electric insert picture example attached.

Legal Entity Representative


 Signature

Nichole Mitcham, Executive Director *8/15/19*
 Printed Name and Title Date

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

The above plan of correction is approved as of 8/16/19
(Date)

Plan of correction implementation status as of 8/16/19
(Date)

The above plan of correction was approved by *fy*
(Initials)

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

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit, located in the medication room on the second floor, did not include a thermometer.

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.)

- 1. The community added the missing item, thermometer, to the first aid kit during the inspection.
- 2. The community will have the required inventory posted on the box of the first aid kit.
- 3. The first aid kit will have a label on the box instructing staff to notify the Executive Director if any items are removed or opened at any point.
- 4. The Executive Director will inspect the kit on a monthly basis to assure all required items are in place per regulation 2600.96a.

*Pictures of inventory list and label attached.

Within 30 days of receipt of this plan of correction, all staff persons will be educated on the need to maintain proper first aid kit contents and the uses for each item in the event of an emergency. *JJ* 8/16/19

Legal Entity Representative

Nichole Mitcham
Signature

Nichole Mitcham, Executive Director
Printed Name and Title

8/15/19
Date

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The above plan of correction is approved as of

8/16/19
(Date)

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