



MAILING DATE: November 26, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 16, 2019 and October 18, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

License Number: *44880*

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: *I-2* Date: *11/19/2008* Issued By: *Twp of McCandless*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *142* Waking Staff: *107*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal,Complaint,Incident*

Inspection Dates and Department Representative

10/16/2019 - On-Site: Courtney Barry, Debora McConnell, Patricia Bartlett
10/18/2019 - On-Site: Courtney Barry, Patricia Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *84*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd floor* Capacity: *30* Residents Served: *25*

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *58* Have Physical Disability: *0*

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The contract, dated 8/5/19, for resident #1, was signed by the resident; however, there is no date for when the resident signed the contract.

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 of 5

Legal Entity Representative




Signature

Beverly A Bowser 11-13-19
Printed Name and Title EXECUTIVE DIRECTOR Date

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

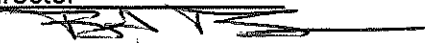
The above plan of correction is approved as of 11/22/19 Plan of correction implementation status as of 11/22/19
(Date) (Date)

Implemented


The above plan of correction was approved by 
(Initials)

Not Implemented

Sunrise Senior Living, Inc. Plan of Correction

Name of Personal Care Home: Sunrise of McCandless
Address of PCH: 900 Lincoln Club Drive Pittsburgh, Pa. 15237
License number: 448800
Inspection date(s): 10-16-19 and 10-18-19
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Beverly Bowser, Executive Director
Signature of Sunrise Representative: 
Date of Submission: 11/13/19

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.25.a	11/13/19	Resident #1 dated the contract as of today 11/13/19 (see attached)
	10/18/19	Prior to admission or within 24 hours after admission the residency Agreement (Contract) will be signed and dated by the resident.
	10/18/19	The Executive Director/Designee will audit each new Residency Agreement to ensure the resident has signed and dated the contract prior to filing.
	11/30/19 and for 3 months	For the next 3 months, during the Quality Management (QAPI) meeting, the committee will review any instances of contracts that are not signed/dated by the resident. If there is a negative trend an improvement plan is developed and implemented.

Signature of Sunrise Representative: 
Date of Submission: 11-13-19

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

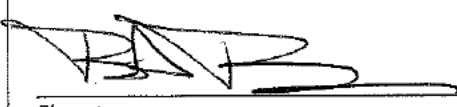
Resident #1 is ordered Simvastatin 10mg daily; however, the October 2019 medication administration record (MAR) indicates Simvastatin 20mg daily.

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 5A of 5

Legal Entity Representative



Signature

Beverly A Bowers
Printed Name and Title

EXECUTIVE
DIRECTOR

11/13/19
Date

187a - Medication Record (continued)

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The above plan of correction is approved as of 11/22/19 Plan of correction implementation status as of 11/22/19
(Date) (Date)

Implemented


The above plan of correction was approved by [Signature]
(Initials)

Not Implemented

SEE PAGE 5A of 5

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.187.a	<p>10/18/19</p> <p>10/18/19</p> <p>11/30/19</p> <p>11/30/19</p>	<p>Resident #1 self-administers medication. The physician's order for Simvastatin 10mg was current and accurate in the resident's record at time of inspection. The residents' medication information is also listed in the electronic medication administration record (e-MAR) system, but administration is not documented because the resident self-administers their medication.</p> <p>The medication administration record (e-MAR) of Resident #1 was corrected at the time of inspection to reflect match the physician's order for Simvastatin 10mg. (See attached)</p> <p>Medications of residents who self-administer will be reviewed for accuracy against the physician orders and e-MAR system at the time of move in and monthly during Monthly Wellness checks by the nurse assigned.</p> <p>Any discrepancies between the physician's orders and e-MAR are reviewed for negative trends during the monthly QAPI meeting and improvement plans will be developed and implemented as necessary.</p>

Signature of Sunrise Representative: _____



Date of Submission: _____

11-13-19