



MAILING DATE: December 18, 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 November 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 that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### 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: *11/19/08* Issued By: *Town of McCandless*

### Staffing Hours

Resident Support Staff: Total Daily Staff: *145* Waking Staff: *109*

### Inspection

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

### Inspection Dates and Department Representative

*11/18/2019 - On-Site: Scott Klein, Jan Cutter*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *100* Residents Served: *87*

#### Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *26* Residents Served: *26*

#### Hospice

Current Residents: *4*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *58* Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

**Regulations**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

The assessment and support plan, dated 8/30/19, for resident #1 indicates "I need X2 hoyer person assistance with transferring." However, on 10/25/19 at approximately 5 a.m. direct care staff person A transferred resident #1 from her bed to her wheelchair using a Medline battery operated patient lift by himself.

The assessment and support plan, dated 8/30/19, for resident #1 indicates "I need a full mechanical lift to assist with transferring in/out of bed/chair." However, On 10/26/19 at approximately 5:10 a.m. direct care staff person A transferred resident #1 from her bed to her wheelchair without the use of a mechanical lift device.

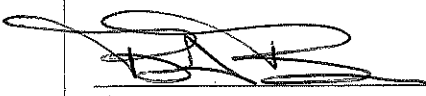
**Plan of Correction (POC)**

(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 2A of 2

SEE ATTACHED

**Legal Entity Representative**



Signature

BEVERLY A BOWSER, EXECUTIVE DIRECTOR 12-12-19  
 Printed Name and Title Date

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

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

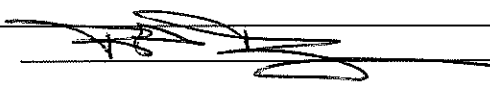

Plan of correction implementation status as of 12/16/19  
 (Date)

Fully Implemented

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

Not Implemented

**Plan of Correction Template**

**Name of Community:** Sunrise of McCandless  
**Address:** 900 Lincoln Club Drive Pittsburgh, Pa. 15237  
**License number:** 448800  
**Inspection date(s):** November 18, 2019  
**Name and Title of Sunrise Representative Signing the Plan of Correction:**  
Beverly Bowser, Executive Director  
**Signature of Sunrise Representative:**  12/16/19   
**Date of Submission:** 12/12/19

Regulation	Target Date by Which Correction will be completed	Plan of Correction
23a	11/19/19	Upon learning of the incident the Executive Director conducted an investigation. It was determined that additional training was needed on providing care based on the resident's needs and appropriate transferring techniques.
	12/31/19	Direct Care Staff, including Direct Care Staff Person A were provided retraining on providing resident care as indicated in the resident assessment and support plan. (see attached)
	12/31/19	Direct Care Staff including Direct Care Staff Person A were provided retraining on correct transferring techniques by a Physical Therapist.(see attached)
	12/31/19	The ED/Designee will conduct periodic observations of care and services provided to confirm they are provided based on the residents ISP.
	12/31/19 and for 3 months	For the next 3 months, during the Quality Management (QAPI) meeting, the committee will review any instances of direct care staff not following the support plan. If there is a negative trend an improvement plan is developed and implemented.

*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.*