

Department of Human Services  
Bureau of Human Service Licensing

September 8, 2020

JULIE ELING, ADMINISTRATOR  
WELLTOWER OPCO GROUP LLC  
7902 WESTPARK DRIVE  
ATTN - MENERVA PHILSON  
MCLEAN, VA 22102

RE: SUNRISE OF UPPER ST. CLAIR  
500 VILLAGE DRIVE  
UPPER ST. CLAIR, PA, 15241  
LICENSE/COC#: 44882

Dear Ms. Eling,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *SUNRISE OF UPPER ST. CLAIR* License #: *44882* License Expiration Date: *12/15/2020*  
 Address: *500 VILLAGE DRIVE, UPPER ST. CLAIR, PA 15241*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Julie Eling* Phone: *4128312200* Email:  
*upperst.clair.ed@sunriseseniorliving.com;*  
*upper.clair.rcd@sunriseseniorliving.com*

**Legal Entity**

Name: *WELLTOWER OPCO GROUP LLC*  
 Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*  
 Phone: *4128312200* Email: *LICENSING@SUNRISESENIORLIVING.COM*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/25/2005* Issued By: *Upper St. Clair*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *129* Waking Staff: *97*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/13/2020*

**Inspection Dates and Department Representative**

*08/13/2020 - On-Site: Michael Marini*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *94* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *3rd Floor* Capacity: *36* Residents Served: *29*

**Hospice**

Current Residents: *18*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *58* Have Physical Disability: *0*

## Inspections / Reviews

## 08/13/2020 - Partial

Lead Inspector: *Michael Marini*Follow-Up Type: *POC Submission*Follow-Up Date: *09/03/2020*

## 9/3/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *09/09/2020*

## 15a - Resident Abuse Report

### 1. Requirements

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 8/1/20, resident #1 notified staff person A that a man was throwing her around and called her a bitch, and on 8/4/20, resident #1 notified staff person B that a man placed a pillow over her head and tried to drown her. These allegations were not reported to the local Area Agency of Aging.*

### Plan of Correction

Accept

*8/11/2020 and ongoing: All alleged incidents were unsubstantiated and care plans have been adjusted for resident #1. Care needs for resident #1 will be monitored and care plan will be adjusted accordingly.*

*8/27/2020: Current staff were re-educated regarding PA mandatory abuse reporting requirements. Training occurred at our monthly Town Hall meeting for all staff that was scheduled on 8/27/2020. The re-training was facilitated by the Executive Director. Training sheets are attached.*

*8/27/2020 and ongoing: Executive Director will monitor the timeliness of reporting incidents on a daily basis and will provide additional training to team members if necessary.*

*8/27/2020 and ongoing: The POC will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it continues to be effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.*

*The POC will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it continues to be effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.*

Completion Date: 08/27/2020

## 16c - Written Incident Report

### 1. Requirements

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).

**16c - Written Incident Report (continued)****Description of Violation**

*On 8/1/20, resident #1 notified staff person A that a man was throwing her around and called her a bitch, and on 8/4/20, resident #1 notified staff person B that a man placed a pillow over her head and tried to drown her. These allegations were not reported to the Department.*

*On 8/7/20, resident #1 notified staff person C that a staff person placed a pillow over her head and tried to drown her; however, this was not reported to the Department until 8/11/20.*

16c - Written Incident Report *(continued)***Plan of Correction****Accept**

*On 8/7/2020 the community notified the local Area Agency on Aging via phone and also, sent in all required reports. The community faxed the reportable incident report to the Department's personal care home regional office within the required 24 hours. However, after the Executive Director called the Regional Office on 8/11/20 to see if they would be out to investigate, it was brought to our attention that they did not receive the report. The Executive Director reviewed the fax confirmation sheet (See attached) and noticed that the fax number was off by one digit. We are asking for this part of the description to be withdrawn as the intent to notify the Department was there via the fax confirmation sheet, as well as the Executive Director calling the Department regarding their investigation.*

*8/11/2020 and ongoing: All alleged incidents were unsubstantiated and care plans have been adjusted for resident #1. Care needs for resident #1 will be monitored and care plan will be adjusted accordingly.*

*8/27/2020: Executive Director reviewed with all coordinators the 24 hour requirement for incident reporting. All Coordinators have been instructed to obtain fax confirmation sheet to confirm that fax was delivered to intended recipient.*

*8/27/2020: Current staff were re-educated regarding PA mandatory abuse reporting requirements as the alleged incident on 8/1/20 and 8/4/2020 was never communicated to the leadership team. Training occurred at our monthly Town Hall meeting for current staff that was scheduled on 8/27/2020. Team members who didn't attend this monthly town hall will be trained by 9/15/20. The re-training was facilitated by the Executive Director. Training sheets are attached.*

*8/27/2020 and ongoing: Executive Director will review the timeliness of reporting incidents on a daily basis and will provide additional training to team members if necessary.*

*8/27/2020 and ongoing: The POC will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it continues to be effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** 08/27/2020