

Department of Human Services  
Bureau of Human Service Licensing

April 15, 2021

██████████ PRESIDENT/CEO  
GRAND RESIDENCE OF UPPER ST CLAIR INC  
45 MCMURRAY ROAD  
UPPER ST. CLAIR, PA 15241

RE: THE GRAND RESIDENCE AT UPPER  
ST. CLAIR  
45 MCMURRAY ROAD  
UPPER ST. CLAIR, PA, 15241  
LICENSE/COC#: 43232

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2021, 04/08/2021, 04/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** THE GRAND RESIDENCE AT UPPER ST CLAIR      **Licen e #:** 43232      **Licen e Expiration Date:** 11/16/2021  
**Addr e :** 45 MCMURRAY ROAD, UPPER ST CLAIR, PA 15241  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 4128332500      **Email:** wrpolachek@gmail.com

**Legal Entity**

**Name:** GRAND RESIDENCE OF UPPER ST CLAIR INC  
**Address:** 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA, 15241  
**Phone:** 4128332500      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 01/23/2001      **Issued By:** L & I

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 52      **Waking Staff:** 39

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 04/02/2021

**Inspection Dates and Department Representative**

03/04/2021 - On-Site: [REDACTED]  
04/08/2021 - Off-Site: [REDACTED]  
04/02/2021 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 85      **Residents Served:** 37

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Re ident Served:**

**Hospice**

**Current Residents:** 10

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 37  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 15      **Have Physical Disability:** 0

## Inspections / Reviews

03/04/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/15/2021*

4/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/19/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #1's medical evaluation for a significant change was completed on 7/2/2020. However, it does not include the date the medical evaluation was completed. The section is blank. The medical evaluation does not include Special Health and Dietary needs or Body Position/Movement. These sections were blank.*

**Plan of Correction****Accept**

*Resident #1 is no longer a resident.*

*The medical evaluation for all residents who were admitted within the past 60 days have been reviewed by the Administrator and/or their Designated Person to ensure that all sections were completed.*

*The medical evaluations for all current residents will be reviewed by the Administrator and/or their Designated Person to ensure they were completed with no sections left blank. This review will be completed by May 7, 2021.*

*The Wellness Nurses will be educated on the importance of reviewing medical evaluations to ensure they are completed in their entirety with no blanks. If blanks are found, they are to communicate directly with the medical professional to ensure any blanks are completed. This education will be completed by April 23, 2021.*

*On an ongoing basis, all new or updated medical evaluations will be reviewed monthly by the Administrator and/or Designated Person. A log will be kept documenting the monthly reviews of medical evaluations.*

**Completion Date:** 05/07/2021

**Document Submission****Implemented**

*See attached*