**Department of Human Services**
**Bureau of Human Service Licensing**

February 4, 2022

[redacted]
WELLTOWER OPCO GROUP LLC
[redacted]

RE: SUNRISE OF MCCANDLESS
900 LINCOLN CLUB DRIVE
PITTSBURGH, PA, 15237
LICENSE/COC#: 44880

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021, 12/02/2021, 12/13/2021, 01/05/2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented.

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 MCCANDLESS* **License #**: *44880* **License Expiration**: *12/15/2022*

**Address**: *900 LINCOLN CLUB DRIVE, PITTSBURGH, PA 15237*

**County**: *ALLEGHENY* **Region**: *WESTERN*

## Administrator

**Name**: [redacted] **Phone**: *4124411241* **Email**: [redacted]

## Legal Entity

**Name**: *WELLTOWER OPCO GROUP LLC*

**Address**: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*

**Phone**: *4124411241* **Email**: [redacted]

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *125* **Waking Staff**: *94*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Incident* **Exit Conference Date**: *01/05/2022*

## Inspection Dates and Department Representative

*11/30/2021 - On-Site:* [redacted]

*12/02/2021 - Off-Site:* [redacted]

*12/13/2021 - Off-Site:* [redacted]

*01/05/2022 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *153* **Residents Served**: *72*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Reminiscence* **Capacity**: *40* **Residents Served**: *24*

### Hospice

**Current Residents**: *8*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0*

**Are 60 Years of Age or Older**: *73*

**Diagnosed with Mental Illness**: *1*

**Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *53*

**Have Physical Disability**: *0*

## Inspections / Reviews

**11/30/2021 - Partial**

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/19/2022*

**01/20/2022 - POC Submission**

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/26/2022*

**01/24/2022 - POC Submission**

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/05/2022*

**02/04/2022 - Document Submission**

**Reviewer**: [redacted] **Follow-Up Type**: *Not Required*

## 23a - Activities of Daily Living Assistance

**1. Requirements**

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**

*On 11/20/21 during the 7:00 am-3:00 pm shift, staff person A independently transferred resident #1 from [redacted]r wheelchair to [redacted] bed. On 11/20/21 at approximately 9:45 pm, numerous bruises were noted on resident #1's left breast and sternum area. Resident #1's progress note, dated 11/21/21, indicates, "discoloration to entire breast area and on sternum. discoloration is scattered and dark. yellow edges. area is firm to touch, but no s/s pain observed." Resident #1's most recent assessment and support plan, dated [redacted] indicates the resident requires the physical assistance of 2 staff persons with use of a mechanical lift to transfer in/out of bed/chair. Resident #1's support plan also indicates, "My personal care need for transferring in/out of my bed/chair is physical assist of 2 persons."*

*REPEAT VIOLATION: 11/18/2019*

**Plan of Correction** ***Directed***

*On 8/16/21 Staff member A was provided initial training (first day)on accessing and following residents support plans.*

*On 1/18/22 staff member A was retrained on how to access and follow the resident assessment/ support plan in order to know how to provide care to a resident as indicated on assessment/support plan.*
*Existing agency staff will be retrained on assessing and following resident support plans. The training will begin 1/21/22 and be completed by 2/5/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure all newly-hired agency staff persons are trained on the location of resident assessments and support plans to ensure they are aware of resident care needs prior to performing unsupervised ADL/IADL services to residents, to include transferring assistance of residents to/from the bed/chair. Documentation of the system shall be kept. LM 1/24/22*

*Effective 1/25/22 and ongoing, the Lead Care Manager will do random spot check beginning/ during each shift to ensure support plan is being followed. Any variance will be reported to the Care Coordinator. The Care Coordinator will also do spot checks weekly. If there is a negative trend an improvement plan will be developed and implemented. Beginning with the 2/5/22 meeting and for the next 6 months, during the Quality Management (QAPI) meeting, the committee will review any instances of staff not following residents assessment/support plans. If there is a negative trend an improvement plan is developed and implemented.*

**Document Submission** ***Implemented***

*Please see attached*

## 42b - Abuse

**1. Requirements**

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On 11/20/21 during the 7:00 am-3:00 pm shift, staff person A independently transferred resident #1 from [redacted] wheelchair to [redacted] bed. On 11/20/21 at approximately 9:45 pm, numerous bruises were noted on resident #1's left breast and sternum area. Resident #1's progress note, dated 11/21/21, indicates, "discoloration to entire breast area and on sternum. discoloration is scattered and dark. yellow edges. area is firm to touch, but no s/s pain observed."*

*Resident #1's most recent assessment and support plan, dated [redacted] indicates the resident requires the physical assistance of 2 staff persons with use of a mechanical lift to transfer in/out of bed/chair. Resident #1's support plan also indicates, "My personal care need for transferring in/out of my bed/chair is physical assist of 2 persons."*

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

*On 1/6/22, Staff member A was provided retraining on how to use the Hoyer equipment properly and safely.*

*The direct care staff on the secured memory care neighborhood was provided retraining on how to use the Hoyer equipment properly and safely beginning 11/22/21 - 1/6/22 .*
*All other direct care staff will be retrained on how to use the Hoyer equipment properly and safely beginning 1/20/22 and completed by 2/5/22.*
*A training binder for Agency Staff is located at the front desk for first day orientation training. On 1/18/22, Hoyer lift training was added to this training. Upon arrival at the community for the first time, Agency Staff will be provided with training by the Lead Care Manager on duty on how to use the Hoyer equipment properly and safely.*
*Beginning 1/18/22 and ongoing ,upon hire and prior to aiding with ADL's, the Business Office Coordinator with ensure that direct care staff is provided training on how to use the Hoyer equipment properly and safely.*
*Beginning 1/20/22 and for the next 6 months, the Care Coordinators/Designee will randomly observe 3 team members per month completing Hoyer lift transfers. documenting results on the Electronic Total Lift Competency checklist (See attached).*
*Beginning with the 2/5/22 meeting and for the next 6 months, during the Quality Management (QAPI) meeting, the committee will review any instances improper Hoyer lift transfers based on the outcomes of the observations. If there is a negative trend an improvement plan is developed and implemented.*

**Document Submission** ***Implemented***

*Please see attached*

## 225c - Additional Assessment

**1. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:

## 225c - Additional Assessment *(continued)*

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #1's most recent assessment, dated [redacted], indicates the resident requires physical assistance of 1 staff person for mobility and ambulation and that the resident is able to self-transfer at times and self-toilet at times; however, resident #1's assessment also indicates the resident requires physical assistance of 2 staff persons to transfer in/out of bed/chair. Numerous staff persons indicate resident #1 requires the physical assistance of 2 staff persons with the use of a Hoyer lift to transfer in/out of bed/chair.*

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

*As of 1/9/22 ,Resident #1 no longer resides at the community; therefore, the assessment/support plan cannot be updated.*
*On 1/19/22 , the Care Coordinators completed an audit of assessment and support plans for residents who require the assistance of two staff persons and a mechanical lift for transferring verifying it is correctly documented and reflects resident's current needs. Support plans were updated on [redacted] to reflect current services provided.*
*The Care Coordinators /Wellness Nurses were re-trained on resolving services no longer applicable and ensure only current services are listed on the assessment/support plan on 1/20/22- 1/24/22 .*
*Beginning 1/24/22 and ongoing, upon completion of resident's new assessments/support plans the Resident Care Coordinator/Care Coordinators/Wellness Nurses will resolve past care services no longer applicable to ensure only current services are listed on the assessment/support plan.*
*As of 1/21/22 ,The Resident Care Director will review neg assessments/support plan prior to 'locking' the RASP to ensure services no longer applicable ware resolved and only current services are listed on the assessment/support plan.*
*Beginning with the 2/5/22 meeting, and for the next 3 months, during the Quality Management (QAPI) meeting, the committee will review assessment/support plans completed the prior month for compliance. If there is a negative trend an improvement plan is developed and implemented.*

**Document Submission** ***Implemented***

*Please see attached*