

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED]

WELLTOWER OPCO GROUP LLC

[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2022, 01/20/2022 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: *12/15/2022*
Address: *500 VILLAGE DRIVE, UPPER ST. CLAIR, PA 15241*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128312200* Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
Phone: *4128312200* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *10* Total Daily Staff: *104* Waking Staff: *78*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *01/20/2022*

Inspection Dates and Department Representative

01/14/2022 - On-Site: [REDACTED]

01/20/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd floor* Capacity: *36* Residents Served: *14*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

01/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2022*

Inspections / Reviews (*continued*)

02/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/24/2022*

02/28/2022 - Document Submission

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

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Acetaminophen (MAPAP) 325 mg tablet-Give 2 tablets by mouth every 6 hours as needed for pain. Beginning at approximately 1:30 a.m. on 11/30/21, and multiple times during the early morning, the home's staff were notified by resident #1's designated person that resident #1 was in pain and needed medications for pain. Resident #1's progress note, dated 11/30/21, indicates "resident does appear to have pain somewhere, [REDACTED] has facial grimacing"; however, the resident's prescribed Acetaminophen was not administered to the resident.

Plan of Correction

Accepted

Upon identifying resident having facial grimacing Sunrise staff person(s) notified hospice to request visit at the community to evaluate resident for decline/need for pain medication. All resident medications available were oral medications. Hospice nurse arrived at the community at approximately 7:00am.

Upon hospice nurse arrival to the community hospice RN discontinued all oral medications and ordered comfort medications to be delivered and to be administered upon arrival. Comfort medications administered upon delivery to community. 11/30/21

Nursing staff and administrator met with Hospice company to discuss delay in hospice arrival to the community to change orders. 1/19/2022

Sunrise nurses and medication care managers trained to ensure understanding of administering medications as ordered as well as documentation of resident refusals or inability to administer medications as ordered. 2/2/22
Medication care managers to be trained on this during medication care manager courses upon hire or when certified. 2/24/22

In-service scheduled with hospice company to review resident signs of pain as well as pain management 2/24/22
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. 2/24/22 and ongoing

Document Submission

Implemented

Supporting Documents Attached.