Department of Human Services
Bureau of Human Service Licensing

October 18, 2022

[redacted]
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
ATTN LICENSING
MCLEAN, VA, 22102

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2022, 08/16/2022, 08/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

September 27, 2022

[redacted]
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
ATTN LICENSING
MCLEAN, VA, 22102

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

Dear Mr. [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/15/2022, 08/16/2022, 08/17/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[redacted]

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:** [redacted] **Email:** [redacted]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

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

[redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *07/27/2005* **Issued By:** *Twp. of Upper St. Clair*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *94* **Waking Staff:** *71*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *08/15/2022*

Inspection Dates and Department Representative

08/15/2022 - On-Site [redacted]
08/16/2022 - On-Site
08/17/2022 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served:** *61*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *3rd floor* **Capacity:** *34* **Residents Served:** *15*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *60*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33*
Have Physical Disability: *1*

Inspections / Reviews

08/15/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/17/2022*

Inspections / Reviews *(continued)*

09/21/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/26/2022*

09/27/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/30/2022*

10/18/2022 - Document Submission

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

96a - First Aid Kit

1. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the second floor Nurses Station did not have eye coverings, scissors and thermometer.

Plan of Correction ***Accept***

Upon identifying missing items, eye coverings, scissors and thermometer were all placed into first aid kit located outside of Nurses Station.

Wellness nurses and Resident Care Director completed audit of other first aid kits throughout the community to ensure that all required items are in place.

Monthly prior to Quality Assurance Meetings, RCD will review all first aid kits in the community and ensure that they contain all required items.

Wellness staff to be trained on the requirements of first aid kits, and direct care staff to be trained regarding this violation as well. DCS will be trained to inform wellness of any time that items are removed from first aid kits so that they can be replenished. 9/21/22
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.
Completion Date: *10/06/2022*

Document Submission ***Implemented***

Upon identifying missing items, eye coverings, scissors and thermometer were all placed into first aid kit located outside of Nurses Station.

Wellness nurses and Resident Care Director completed audit of other first aid kits throughout the community to ensure that all required items are in place.

Monthly prior to Quality Assurance Meetings, RCD will review all first aid kits in the community and ensure that they contain all required items.

Wellness staff to be trained on the requirements of first aid kits, and direct care staff to be trained regarding this violation as well. DCS will be trained to inform wellness of any time that items are removed from first aid kits so that they can be replenished. 9/21/22
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.

127a - Portable Space Heaters

1. Requirements

127a - Portable Space Heaters *(continued)*

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

There are two space heaters mounted on the walls in the entryway. They are not hardwired to the electrical system of the home.

Plan of Correction ***Accept***

Upon DHS exit, Maintenance Coordinator "hardwired" heating unit to ensure that no wire or plugs were exposed from the unit. Unit had previously been attached to wall.
Photo of updates sent to DHS via email on 9/26/22
Violation and regulation reviewed with department coordinators to ensure that community is aware of violation and community will regularly monitor to ensure that no space heaters are in use.

DIRECTED: The administrator or designated staff person will monitor the temperature of the heater itself daily to ensure it is no higher than 120 degrees Fahrenheit. The administrator will ensure the unit meets the requirements of regulation 2600.84.

Completion Date: *09/27/2022*

Document Submission ***Implemented***

Upon DHS exit, Maintenance Coordinator "hardwired" heating unit to ensure that no wire or plugs were exposed from the unit. Unit had previously been attached to wall.
Photo of updates sent to DHS via email on 9/26/22
Violation and regulation reviewed with department coordinators to ensure that community is aware of violation and community will regularly monitor to ensure that no space heaters are in use.

DIRECTED: The administrator or designated staff person will monitor the temperature of the heater itself daily to ensure it is no higher than 120 degrees Fahrenheit. The administrator will ensure the unit meets the requirements of regulation 2600.84.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident#1's medical evaluation, dated [redacted], did not include Weight, Pulse Rate, Blood Pressure and Temperature. These sections of the form were blank.

Plan of Correction ***Accept***

Resident Care Director and Wellness Nurses performed audit of all current resident medical evaluations to ensure all DME's contain weight, pulse, Blood Pressure, and Temperature.
Executive Director reviewed this violation with all nursing staff to ensure all staff have understanding of this regulation.
Wellness team to conduct routine quarterly audits to ensure that these sections of the form are completed. All Medical Evaluations to also be reviewed prior to admission to community. 9/14/22
This regulation to be reviewed with nursing staff upon hire as well as annually.
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.

Completion Date: *10/06/2022*

Document Submission ***Implemented***

Resident Care Director and Wellness Nurses performed audit of all current resident medical evaluations to ensure all DME's contain weight, pulse, Blood Pressure, and Temperature.
Executive Director reviewed this violation with all nursing staff to ensure all staff have understanding of this regulation.
Wellness team to conduct routine quarterly audits to ensure that these sections of the form are completed. All Medical Evaluations to also be reviewed prior to admission to community. 9/14/22
This regulation to be reviewed with nursing staff upon hire as well as annually.
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.

141a 1-10 Medical Evaluation Information (continued)

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately [redacted] were unlocked, unattended, and accessible on resident #2's bathroom shelf.

Plan of Correction ***Accept***

Immediately upon identifying, medications were removed from resident suite. Family and resident were notified that resident is [redacted]
Executive Director reviewed this violation with and requirements with the department coordinators, wellness team, and direct care staff. 9/8/22
Training held with direct care staff regarding medication storage and requirements. 9/14/22
Personal Care Coordinator to complete regular walkthrough of resident suites to ensure medications are stored appropriately.
Staff to continue to be trained upon hire regarding appropriate storage of medications and regulations.
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.
Completion Date: *10/06/2022*

Document Submission ***Implemented***

Immediately upon identifying, medications were removed from resident suite. Family and resident were notified that resident is [redacted].
Executive Director reviewed this violation with and requirements with the department coordinators, wellness team, and direct care staff. 9/8/22
Training held with direct care staff regarding medication storage and requirements. 9/14/22
Personal Care Coordinator to complete regular walkthrough of resident suites to ensure medications are stored appropriately.
Staff to continue to be trained upon hire regarding appropriate storage of medications and regulations.
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.

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures *(continued)*

Description of Violation

The following [redacted] did not correspond with the documented readings on the [redacted] medication administration record (MAR):

* *O* [redacted]

Plan of Correction ***Accept***

Resident Care Director and Executive Director held training with all nursing staff and medication care managers regarding [redacted] and medication administration. 9/14/22
Quarterly Wellness nurses to complete MAR audit and in conjunction will review documentation of [redacted] in comparison with meter readings.
This will be reviewed with medication care managers upon hire as well as at time of annual performance appraisal. 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.
Completion Date: *10/06/2022*

Document Submission ***Implemented***

Resident Care Director and Executive Director held training with all nursing staff and medication care managers regarding [redacted] and medication administration. 9/14/22
Quarterly Wellness nurses to complete MAR audit and in conjunction will review documentation of [redacted] in comparison with meter readings.
This will be reviewed with medication care managers upon hire as well as at time of annual performance appraisal. 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.

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of his support plan on [redacted] . However, the resident did not sign the support plan.

Resident #4 participated in the development of his support plan on [redacted] However the resident did not sign the support plan.

Resident #5 participated in the development of her support plan on [redacted] . However, the resident did not sign the support plan.

Plan of Correction ***Accept***

Executive Director reviewed requirement and violation with Personal Care Coordinator and wellness staff.

227g -Support Plan Signatures (continued)

Personal Care Coordinator and Executive Director completed audit of all support plan signature sheets to ensure that appropriate signatures are in place.
PCC to bring new signature sheet each month to quality assurance meeting to be reviewed to ensure all signatures are in place and complete monthly audit of existing sheets.
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.

Completion Date: *10/06/2022*

Document Submission ***Implemented***

Executive Director reviewed requirement and violation with Personal Care Coordinator and wellness staff.
Personal Care Coordinator and Executive Director completed audit of all support plan signature sheets to ensure that appropriate signatures are in place.
PCC to bring new signature sheet each month to quality assurance meeting to be reviewed to ensure all signatures are in place and complete monthly audit of existing sheets.
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.