

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

February 27, 2023

[REDACTED]  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[REDACTED]

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 01/17/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** SUNRISE OF UPPER ST CLAIR      **License #:** 44882      **License Expiration:** 12/15/2023  
**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:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** 1 2      **Date:** 07/27/2005      **Issued By:** Twp. of Upper St. Clair

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 111      **Waking Staff:** 83

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 01/17/2023

## Inspection Dates and Department Representative

01/17/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 94      **Residents Served:** 72

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** 3rd floor      **Capacity:** 36      **Residents Served:** 19

## Hospice

**Current Residents:** 10

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 72  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 39      **Have Physical Disability:** 0

## Inspections / Reviews

## 01/17/2023 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/02/2023

## 02/01/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 02/22/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/07/2023

Inspections / Reviews *(continued)*

02/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/23/2023

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [redacted]/23 at approximately [redacted] PM, staff person A indicated [redacted] observed an incident of physical abuse involving staff person B towards resident #1; however, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted] 23.

Plan of Correction

Directed [redacted] - 02/08/2023)

Upon community being notified of incident a call was placed to Staff Person B and an internal investigation was started.

Staff Person B had not worked at the community since [redacted]/23, however [redacted] was placed on administrative leave at this time pending investigation.

Community reported incident both verbally to AAA as well as written report to DHS at time of notification from Staff Person A.

All staff to be re-trained on their role when allegations of abuse/neglect are received, which includes ensuring immediate suspension or implementation of a plan of supervision is in place for abuse/neglect allegations involving staff persons, ensuring the resident and the resident's designated person are immediately notified of the allegation, and that the incident is reported to the Department within 24 hours. Executive Director to complete this training with all current staff.

Executive Director or Manager on Duty are responsible for ensuring that all incidents are reported timely as well as supervision or safety plans are put in place.

Staff Person A [redacted] was provided education on [redacted]/23 regarding timely notification of abuse accusations.

Executive Director reviewed this requirement with department coordinator team on [redacted]/23 to ensure department heads have full understanding.

All staff including agency Team members trained upon hire as well as annually regarding Abuse and Abuse reporting.

Retraining to be completed with all current staff by 2/20/23, by Sunrise Administrator. (DIRECTED: Documentation of the education shall be kept. [redacted] 2/8/23).

Executive Director or designee to complete knowledge check with 5 TM's each quarter to ensure team members maintain an understanding of requirement. Record of knowledge checks to be kept within the Executive Directors office.

Knowledge checks to begin on 4/1/23.

This plan of correction will be reviewed at Monthly Quality Assurance Meeting. Quality Assurance Meeting is scheduled for 2/23/23. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 2/8/23).

DIRECTED: Beginning on 2/13/23: A supervisor shall review all internal incidents and conditions daily to ensure allegations of abuse or neglect are reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act. [redacted] 2/8/23

Directed Completion Date: 02/23/2023

15a - Resident Abuse Report (continued)

Implemented [REDACTED] 02/27/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED]/23 at approximately [REDACTED] PM, staff person A indicated [REDACTED] observed an incident of physical abuse involving staff person B towards resident #1; however, staff person B continued to work unsupervised in the home until approximately [REDACTED] PM on [REDACTED] 23.

Plan of Correction

Directed [REDACTED] - 02/08/2023)

pon community being notified of incident a call was placed to Staff Person B and an internal investigation was started.

Staff Person B had not worked at the community since [REDACTED] 23, however [REDACTED] was placed on administrative leave at this time pending investigation.

Staff Person A [REDACTED] was provided education on [REDACTED]/23 regarding timely notification of abuse accusations.

Executive Director reviewed this requirement with department coordinator team on 1/16/23 to ensure department heads have full understanding.

All staff including agency Team Members trained upon hire as well as annually regarding Abuse and Abuse reporting.

All staff to be re trained on their role when allegations of abuse/neglect are received, which includes ensuring immediate suspension or implementation of a plan of supervision is in place for abuse/neglect allegations involving staff persons, ensuring the resident and the resident's designated person are immediately notified of the allegation, and that the incident is reported to the Department within 24 hours. Executive Director or designee to complete this training.

Retraining to be completed with all current staff by 2/20/23, by Sunrise Administrator. This training to include abuse reporting, as well as supervisor plan. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 2/8/23). Executive Director or Manager on Duty responsible for ensuring that any incidents are reported timely and that appropriate supervision or safety plans are in place.

Executive Director or designee to complete knowledge check with 5 TM's each quarter to ensure team members maintain an understanding of requirement, as well as other requirements noted within this violation report. This is to begin on 4/1/23 and record of knowledge checks will be kept within the executive director office.

his plan of correction will be reviewed at Monthly Quality Assurance Meeting. Upcoming QM meeting to be held 2/23/23.

DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 2/8/23).

DIRECTED: Beginning on 2/13/23: A supervisor shall review all internal incidents and conditions daily to ensure any staff person involved in an allegation of abuse or neglect is immediately suspended or placed on a plan of supervision. [REDACTED] 2/8/23

15b - Supervisor Plan (continued)

Directed Completion Date: 02/23/2023

Implemented [REDACTED] - 02/27/2023)

15d - Resident Abuse-Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [REDACTED] 23 at approximately [REDACTED] PM, staff person A indicated [REDACTED] observed an incident of physical abuse involving staff person B towards resident #1; however, this allegation of abuse was not reported to resident #1's designated person until [REDACTED] 23.

Plan of Correction

Directed [REDACTED] - 02/08/2023)

Upon community being notified of incident a call was placed to Staff Person B and an internal investigation was started.

Upon community being notified of incident, personal care coordinator contacted the resident responsible party to inform of allegation.

Community reported incident both verbally to AAA as well as written report to DHS at time of notification from Staff Person A.

Staff Person A [REDACTED] was provided education on [REDACTED]/23 regarding timely notification of abuse accusations.

Executive Director reviewed this requirement with department coordinator team on 1/6/23 to ensure department heads have full understanding.

All staff including agency team members trained upon hire as well as annually regarding Abuse and Abuse reporting. Retraining to be completed with all current staff by 2/20/23, by Sunrise Administrator. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 2/8/23).

All current staff to be re-trained on their role when allegations of abuse/neglect are received, which includes ensuring immediate suspension or implementation of a plan of supervision is in place for abuse/neglect allegations involving staff persons, ensuring the resident and the resident's designated person are immediately notified of the allegation, and that the incident is reported to the Department within 24 hours. Training to be completed by Executive Director or designee.

Executive Director to annually train department coordinators regarding this requirement.

Executive Director or designee to complete knowledge check with 5 TM's each quarter to ensure team members maintain an understanding of requirement. Record of knowledge checks to be kept within the Executive Director office, Knowledge Checks to begin on 4/1/23.

This plan of correction will be reviewed at Monthly Quality Assurance Meeting. Upcoming Quality Assurance meeting to be held on 2/23/23. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 2/8/23).

15d - Resident Abuse-Notification (continued)

DIRECTED: Beginning on 2/13/23: A supervisor shall review all internal incidents and conditions daily to ensure residents and their designated persons are immediately notified of an allegation of abuse or neglect involving a resident. [REDACTED] 2/8/23

Directed Completion Date: 02/23/2023

Implemented (LM - 02/27/2023)

16c - Written Incident Report

4. 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).

Description of Violation

On [REDACTED] 23 at approximately [REDACTED] PM, staff person A indicated [REDACTED] observed an incident of physical abuse involving staff person B towards resident #1; however, this allegation of abuse was not reported to the Department until [REDACTED] 23.

Plan of Correction

Directed [REDACTED] - 02/08/2023)

Upon community being notified of incident a call was placed to Staff Person B and an internal investigation was started.

Community reported incident both verbally to AAA as well as written report to DHS at time of notification from Staff Person A.

Staff Person A [REDACTED] was provided education on [REDACTED] 23 regarding timely notification of abuse accusations.

Executive Director reviewed this requirement with department coordinator team on 1/6/23 to ensure department heads have full understanding.

All staff including agency Team members trained upon hire as well as annually regarding Abuse and Abuse reporting.

Retraining to be completed with all current staff by 2/20/23, by Sunrise Administrator. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 2/8/23).

All current staff to be re-trained on their role when allegations of abuse/neglect are received, which includes ensuring immediate suspension or implementation of a plan of supervision is in place for abuse/neglect allegations involving staff persons, ensuring the resident and the resident's designated person are immediately notified of the allegation, and that the incident is reported to the Department within 24 hours. Training to be completed by Executive Director or designee.

Executive Director to annually train all department coordinators as well as wellness nurses on written incident report requirements.

**16c - Written Incident Report (continued)**

*Executive Director or designee to complete knowledge check with 5 TM's each quarter to ensure team members maintain an understanding of requirement, as well as other requirements noted within this violation report. Record of knowledge checks to be kept within executive directors office, knowledge checks to begin on 4/1/23. This plan of correction will be reviewed at Monthly Quality Assurance Meeting. Upcoming Quality Assurance meeting scheduled for 2/23/23. (DIRECTED: Documentation of the quality management review shall be kept. 2/8/23).*

*DIRECTED: Beginning on 2/13/23: A supervisor shall review all internal incidents and conditions daily to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours. 2/8/23*

Directed Completion Date: 02/23/2023

Implemented 02/27/2023)