

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

January 31, 2023

[REDACTED], AUTHORIZED PERSON  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[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 licensing inspections on 01/20/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SUNRISE OF MCCANDLESS* License #: *44880* License Expiration: *12/15/2023*  
 Address: *900 LINCOLN CLUB DRIVE, PITTSBURGH, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *WELLTOWER OPCO GROUP LLC*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *04/03/1967* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *119* Waking Staff: *89*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/20/2023*

**Inspection Dates and Department Representative**

*01/20/2023 - On-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: *wellsprings* Capacity: *40* Residents Served: *20*

**Hospice**  
 Current Residents: *16*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *47* Have Physical Disability: *0*

**Inspections / Reviews**

*01/20/2023 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND