

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

May 19, 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 review on 04/24/2023 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 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-2 LP* Date: *04/03/1967* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *04/24/2023*

Inspection Dates and Department Representative

04/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *153* Residents Served: *74*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd floor* Capacity: *40* Residents Served: *18*

Hospice
 Current Residents: *19*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *47* Have Physical Disability: *1*

Inspections / Reviews

04/24/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2023*

05/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/18/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/19/2023*

Inspections / Reviews *(continued)*

05/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2023

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], at approximately [REDACTED] direct care staff person A informed direct care staff person B, while providing incontinence care to resident #1, the resident made allegations of abuse against direct care staff person A. However, this allegation was not reported to the local Area Agency on Aging, Protective Services until [REDACTED], on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/12/2023)

In regards to 2600.15.a

Staff member A was placed on administrative leave on [REDACTED] pending investigation of the allegation.

On [REDACTED] the staff member returned to work after abuse allegation was unsubstantiated by the Department and APS. Staff member A was counselled and retrained [REDACTED] on Abuse Reporting (OAPSA) including immediately reporting suspected abuse of a resident and immediately notifying the Manager on Duty and the Executive Director. Staff member B to be retrained by [REDACTED] Abuse Reporting (OAPSA) including immediately reporting suspected abuse of a resident to AAA and immediately notifying the Manager on Duty and the Executive Director.

All staff will be provided retraining on Abuse Reporting (OAPSA) and reporting requirements -including immediately reporting suspected/allegation of abuse of a resident to AAA and immediately notifying the Manager on Duty and the Executive Director at the time of incident to ensure verbal notification to AAA is made immediately, a plan is put in place to ensure residents safety and notification to AAA is made within 48 hours utilizing the Mandatory Abuse Form completed by the Executive Director/Designee. 6/10/23 and ongoing

The telephone number for AAA is posted in the community workroom was been distributed/posted in all departments on 11/1/22 to enable easy access and location is reviewed during new hire and annual training to all team members. The location of the postings will also be reviewed with all staff during OAPSA training 6/10/23 and ongoing.

Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually for all team members- 5/1/23 and ongoing.

Incidents are reviewed daily during the morning Stand-up meeting to confirm any allegations of abuse are reported timely. 11/2/22 and ongoing.

During the monthly Quality Management (QAPI) meeting 5/25/23 and for the next 6 months, the committee will review incident reporting trends to confirm they are being reported timely. If there is a negative trend to indicate incident reports are not being reported timely an improvement plan is developed and implemented.

Licensee's Proposed Overall Completion Date: 06/10/2023

Implemented ([REDACTED] - 05/19/2023)