

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

December 6, 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 11/27/2023 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]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-2* Date: *11/19/2008* Issued By: *Town of McCandless*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *140* Waking Staff: *105*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *11/27/2023*

**Inspection Dates and Department Representative**

11/27/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *153* Residents Served: *83*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *40* Residents Served: *27*

**Hospice**

Current Residents: *23*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *57* Have Physical Disability: *1*

**Inspections / Reviews**

11/27/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**