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

November 30, 2023

[redacted], AUTHORIZED PERSON
WELLTOWER OPCO GROUP LLC
[redacted]
ATTN LICENSING
[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 09/26/2023 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,
Larry Mazza

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: **Phone**: **Email**:

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

Address: *, ATTN LICENSING,*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-2* **Date**: *01/31/2020* **Issued By**: *Twp. of Mc Candless*

Type: *I-2* **Date**: *11/19/2008* **Issued By**: *Twp. of Mc Candless*

Staffing Hours

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

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *09/26/2023*

Inspection Dates and Department Representative

09/26/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *153* **Residents Served**: *82*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence 3rd floor* **Capacity**: *40* **Residents Served**: *18*

Hospice

Current Residents: *22*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *82*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *39* **Have Physical Disability**: *0*

Inspections / Reviews

09/26/2023 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/14/2023*

10/16/2023 - POC Submission

Submitted By: **Date Submitted**: *11/29/2023*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/20/2023*

Inspections / Reviews *(continued)*

10/19/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/29/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/30/2023*

11/30/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/29/2023*

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

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident #1 reported that resident #2 was visiting in resident #1's room. During the visit, resident #2, without permission from resident #1, reached underneath resident #1's shirt and touched resident #1's [redacted] and upper body area. Resident #1 indicated feeling surprised, mad and upset by the incident.

REPEAT VIOLATION: 10/21/2022

Plan of Correction ***Accept [redacted] - 10/19/2023)***

Regarding 2600.42b -Alleged perpetrator ([redacted] resident #2) was provided 1:1 24/7 supervision beginning [redacted] at the time the incident was reported. 1:1 supervision provide continued through 9/23/23 at which time monitoring was reduced to waking hours through the 9/26/23 DHS inspection . Following the DHS inspection the daughter chose to continue 1:1 supervision during waking hours until resident #2 was transferred to the Personal Care neighborhood on a different floor on 9/28/23. Resident #2 will be monitored during group activities to avoid interaction with Resident #1 alleged victim. 9/20/23 and ongoing

Male resident #2 and responsible party were educated on behavior expectations towards other residents. Any further incidents will result in a notice of discharge from the community 9/20/23.

Resident #2 will be monitored during group activities to avoid interaction with alleged victim, Resident #1. 9/20/23 and ongoing.

Residents #2's RASP was updated on 9/22/23 , 10/12/23 and 10/17/23 by the RN- Wellness Nurse, to include staff to provide close monitoring during activities and avoid seating by [redacted] resident #1 as well as monitor actions during waking hours to ensure interactions are appropriate with other residents- redirecting and immediately reporting to supervisor or wellness nurse if improper behavior is observed to ensure timely reporting is completed and supervision plan is implemented. During hours of sleep, resident #2 will be checked frequently by staff as other residents are in bed with doors locked from the outside. Resident is aware of allegations which he has denied and understands not to enter other residents rooms.

Resident Rights will be reviewed with residents at Residents Council and during group activity to include 2600.42(b)- including a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by 11/15/23.

Staff will be retrained on residents rights including 2600.42(b) resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by 11/30/23. Documentation of the staff education will be kept in accordance with 2600.65i.

42b Abuse (continued)

Beginning 11/01/23 and for the next 6 months, The Executive Director/Designee shall interview at least 5 residents per month, in private, to ensure residents are free from abuse and neglect. Documentation of the interviews will be kept in the Executive Director's office.

Reports of resident right violations are reviewed daily during the morning Stand up meeting 9/20/23 and ongoing.

During the monthly Quality Management (QAPI) meeting week of 10/30/23 and for the next 3 months, the committee will review any reported resident rights violations/incident reports. If any violations are identified a plan is developed and implemented.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented ([redacted] - 11/30/2023)