

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

January 16, 2024

[REDACTED]  
CA SENIOR MCCANDLESS OPERATOR LLC  
[REDACTED]  
[REDACTED]

RE: ATRIA MCCANDLESS  
8870 DUNCAN AVENUE  
PITTSBURGH, PA, 15237  
LICENSE/COC#: 45217

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2023 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: *ATRIA MCCANDLESS* License #: *45217* License Expiration: *09/15/2024*  
 Address: *8870 DUNCAN AVENUE, PITTSBURGH, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *CA SENIOR MCCANDLESS OPERATOR LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/19/2020* Issued By: *Township of McCandless*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *158* Waking Staff: *119*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *11/29/2023*

**Inspection Dates and Department Representative**

*11/29/2023 - On-Site: Laurie Garrigan*

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *211* Residents Served: *125*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *1st floor* Capacity: *35* Residents Served: *26*

**Hospice**  
 Current Residents: [REDACTED]

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *124*  
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *33* Have Physical Disability: *0*

**Inspections / Reviews**

*11/29/2023 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2023*

Inspections / Reviews *(continued)*

12/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/26/2023

01/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/15/2024

01/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2024

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] resident [REDACTED] family reported to the home an allegation of physical abuse involving resident [REDACTED]; however, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Directed [REDACTED] - 01/03/2024)

Incident reported late to Adult Protective services on [REDACTED] and 12-18-2023 and Act 13 was sent by Assistant Residence Director. By December 27th 2023 the ARD will re-educate current associates on reporting protocol required by the area on aging. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i [REDACTED] 1/3/24). ARD, designee or Manager on Duty shall audit incidents and or reportable as listed in 2600.16 daily and ongoing. (DIRECTED: The daily audits of all internal incidents shall begin on 1/5/24 to ensure all allegations of abuse are immediately reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act. [REDACTED] 1/3/24). Attached is the Check Form. The Abuse and Neglect all staff training will be conducted on 12/27/2023 at 6:00am and 2:00pm for 2600.65i will be forwarded upon completion on 12/27.

Proposed Overall Completion Date: 12/27/2023

Directed Completion Date: 01/05/2024

Implemented [REDACTED] - 01/16/2024)

16c - Written Incident Report

2. 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] at approximately [REDACTED] resident [REDACTED] family reported to the home an allegation of physical abuse involving resident [REDACTED] however, this incident was not reported to the Department until [REDACTED] at [REDACTED]

Plan of Correction

Directed [REDACTED] - 01/03/2024)

Identified resident [REDACTED] is no longer a resident of the residence. RHCD to re-educate Assistant Residence Director by 12-27-2023 regarding incident reporting timing requirements. The ARD and or designee will report to the regional team as per policy and state guidelines on any reportable incidents for review in 24 hours. The ARD re-educated the Manager on Duty and or designee on incident report timing per 2600.16c.

DIRECTED: By 1/15/24: All staff persons shall be educated that all reportable incidents specified in 2600.16a shall be reported to the Department within 24 hours in accordance with 2600.16c. Documentation of the education

16c - Written Incident Report (continued)

shall be kept in accordance with 2600.65i. [REDACTED] 1/3/24).

*DIRECTED: Beginning on 1/5/24: The administrator/designee shall review all internal incidents daily to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours in accordance with 2600.16c. [REDACTED] 1/3/24).*

*Proposed Overall Completion Date: 02/26/2024*

**Directed Completion Date: 01/15/2024**

**Implemented [REDACTED] - 01/16/2024)**

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident [REDACTED] support plan, dated [REDACTED], is not signed by the assessor or resident [REDACTED] and does not indicate if resident [REDACTED] was unable to participate, declined to participate, refused to sign or was unable to sign.*

**Plan of Correction**

**Accept [REDACTED] - 01/03/2024)**

*Resident [REDACTED] no longer a resident of the residence. By [REDACTED] the current residents RASP will be reviewed for signature by Assistant Residence Director or designee, as applicable present to resident/resident family for signature. RASPs shall be reviewed at least weekly by ARD, designee for signatures of residents with any changes in condition or new move-in's going forward for the next 3 months. Starting [REDACTED] the Resident Service Coordinator will review 10%, approximately 10 RASP per week ongoing.*

**Licensee's Proposed Overall Completion Date: 03/26/2024**

**Implemented [REDACTED] - 01/16/2024)**

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident [REDACTED] was admitted to the secured dementia care unit (SDCU) on [REDACTED]. Resident [REDACTED] medical evaluation was signed by the medical professional on [REDACTED] however, the date resident [REDACTED] was evaluated and the date the form was completed appear to to have been changed from [REDACTED] to [REDACTED].*

*REPEAT VIOLATION: 10/04/2022, et. al.*

231b - Medical Evaluation (continued)

**Plan of Correction**

**Directed** [REDACTED] - 01/03/2024)

Identified resident [REDACTED] is no longer a resident of the residence. Review of current residents DME shall be completed by 12-31-2023. If necessary, identified residents shall be scheduled for medical evaluations by Assistant Residence Director or designee. Assistant Residence Director, or designee, shall review annual, move in, and current DME's due dates in addition to significant change in level of care for accuracy of the dates and criteria for accuracy of medical evaluations. The reviews will be ongoing.

*DIRECTED: By 1/10/24: The administrator shall develop and implement a new admission checklist to ensure a medical evaluation conducted by a physician, physician's assistant or certified registered nurse practitioner is completed within 60 days prior to admission for each new resident admitted to the home's SDCU. The medical evaluation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in the SDCU. Documentation of the checklists, as well as copies of the medical evaluations, shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 1/10/24. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 1/3/24.*

*DIRECTED: Beginning on 1/15/24: The administrator shall review the records of at least 5 residents per month, who reside on the SDCU, to ensure each resident has an accurate and complete medical evaluation completed in accordance with 2600.231b. [REDACTED] 1/3/24.*

Proposed Overall Completion Date: 03/26/2024

Directed Completion Date: 01/15/2024

**Implemented** [REDACTED] - 01/16/2024)