

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

February 9, 2024

[REDACTED]  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[REDACTED]

RE: SUNRISE OF MCCANDLESS  
900 LINCOLN CLUB DRIVE  
PITTSBURGH, PA, 15237  
LICENSE/COC#: 44880

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2024 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: *12/15/2024*  
 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: <i>I-2</i>	Date: <i>11/19/2008</i>	Issued By: <i>Township of McCandless</i>
Type: <i>I-2</i>	Date: <i>01/31/2020</i>	Issued By: <i>Township of McCandless</i>
Type: <i>C-1</i>	Date: <i>04/03/1967</i>	Issued By: <i>Dept L&amp;I</i>

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *148* Waking Staff: *111*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *01/24/2024*

**Inspection Dates and Department Representative**

01/24/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *153* Residents Served: *87*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence 3rd Floor* Capacity: *41* Residents Served: *27*

**Hospice**

Current Residents: *21*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>87</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>61</i>	Have Physical Disability: <i>1</i>

**Inspections / Reviews**

01/24/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2024*

Inspections / Reviews (*continued*)

02/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/08/2024

02/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately [redacted], direct care staff person A was providing toileting assistance to resident [redacted] a resident in the Secure Dementia Care Unit (SDCU), in [redacted] room when the resident began slapping the staff person's hand away and yelling - Stop, you're [redacted] me. You're [redacted] me. Staff person A completed the toileting assistance and quickly left the room. A short time later, [redacted] reported this incident to staff person B, who was working on the opposite end of the unit; however, [redacted] continued to finish [redacted] morning rounds, providing unsupervised assistance to [redacted] additional residents and completing paperwork in the SDCU activities room. At approximately [redacted] [redacted] reported the incident by text to staff person C; however, staff person A was not suspended until [redacted] reported the incident by phone to staff person D, the home's administrator, at approximately [redacted]

Plan of Correction

Accept [redacted] - 02/01/2024)

In regards to 2600.15.b

Staff member A was placed on administrative leave on [redacted] at [redacted] pending investigation of the allegation. Resident immediately assessed by nurse on duty on [redacted] resident denied any incident occurred. Resident denies any pain or discomfort . No visible injuries noted at time of assessment.

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 as the community must immediately develop and implement a plan of supervision or suspend the staff person involved in the incident. Requirements for reporting abuse of a resident to AAA and DHS, Police also reviewed. Staff member B and C as well as the remaining community 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 at the Executive Director at the time of incident to ensure a plan is immediately put in place to ensure residents safety by implementing a plan of supervision approved by the department or suspend the staff person involved in the alleged incident and required reporting is completed timely by the Executive Director/Designee [redacted] and ongoing

The telephone number for AAA is posted in the community workroom as well as posted in all departments to enable easy access. Location of posting 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 by [redacted] and ongoing.

Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually for all team members.

members- [redacted] and ongoing.

Incidents are reviewed daily during the morning Stand-up meeting to confirm any allegations of abuse are reported timely. [redacted] and ongoing.

During the quarterly Quality Management (QAPI) meeting [redacted] and for the next 2 quarters, 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: 02/29/2024

Implemented [redacted] - 02/09/2024)