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

April 4, 2024

[redacted]
WELLTOWER OPCO GROUP LLC
[redacted]

RE: SUNRISE OF UPPER ST. CLAIR
500 VILLAGE DRIVE
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 44882

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2024, 02/07/2024 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 UPPER ST. CLAIR* **License #**: *44882* **License Expiration**: *12/15/2024*

Address: *500 VILLAGE DRIVE, UPPER ST. CLAIR, PA 15241*

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-2* **Date**: *07/25/2005* **Issued By**: *Township of Upper St. Clair*

Staffing Hours

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

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *02/07/2024*

Inspection Dates and Department Representative

02/06/2024 - On-Site: [redacted]

02/07/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served**: *71*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd floor* **Capacity**: *36* **Residents Served**: *28*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *71*

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

Have Mobility Need: *50* **Have Physical Disability**: *0*

Inspections / Reviews

02/06/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/09/2024*

03/13/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/02/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/20/2024*

Inspections / Reviews *(continued)*

03/26/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/02/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/02/2024*

04/04/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/02/2024*

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

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan, dated [redacted], indicate the resident requires a 2-person assist with a Hoyer lift for transferring assistance with toileting and bathing. Resident[redacted] indicated she uses the call bell when assistance is needed with ADL's; however, regularly has lengthy wait times for a response from staff.

The call bell report indicates the following:

Date	Time Call Bell Pushed	Call Bell Answered	Response time
-2/6/24	1:36 p.m. - repeatedly announced 9 times	2:21 p.m.	45 minutes
-2/5/24	2:01 p.m. - repeatedly announced 6 times	2:27 p.m.	26 minutes
-2/4/24	8:44 p.m. - repeatedly announced 9 times	9:29 p.m.	45 minutes
-2/4/24	3:01 p.m. - repeatedly announced 9 times	3:45 p.m.	44 minutes
-2/4/24	9:29 a.m. - repeatedly announced 7 times	10:03 a.m.	34 minutes
-2/2/24	6:24 p.m. - repeatedly announced 8 times	7:21 p.m.	36 minutes
-1/28/24	12:08 p.m. - repeatedly announced 9 times	12:53 p.m.	45 minutes

Plan of Correction ***Accept[redacted] - 03/13/2024)***

On [redacted] immediate action was taken by Executive Director to ensure Resident [redacted] Call bell pendant was operating properly. properly.
On [redacted] Action was Taken by Executive Director to retrieve Call bell reports for all PC residents to identify other long response times.
On [redacted] action was taken by Executive Director to retrieve resident pendant low battery report to ensure all pendants were in working order with full batteries.
On [redacted] an education was provided to all Care Managers by the Executive Director and Resident Care Director on the importance of timely responses, promptly clearing alerts in the community, and how it correlates with regulation 2600.23.a Documentation of education to be kept.
Beginning[redacted] The ED will monitor call bell reports from the previous day for response times longer than 15 minutes.[redacted] and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented[redacted] 04/04/2024)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

42c - Treatment of Residents *(continued)*

Description of Violation

Resident [redacted] uses a wheelchair to ambulate and requires 2-person assistance to transfer. On [redacted] at approximately [redacted] resident [redacted] alerted staff person A that [redacted] wanted to go to bed. Staff person A responded by saying "It is not time for bed" and told the resident to wait. Resident [redacted] repeated the request to be assisted into bed. Staff person A said in raised voice to resident [redacted] the [redacted] is "spoiled and rude" and walked away. Resident [redacted] felt upset and voiced concern about the way staff person A behaved.

Plan of Correction ***Accept [redacted] - 03/13/2024)***

On [redacted] Immediate action was taken by the Executive Director to remove Staff Person A from the community pending the outcome of an investigation.
On [redacted] Action was taken by Executive director to interview staff and residents within the community to determine if the safety and dignity of residents in the community was being preserved.
On [redacted] an education to be provided by the Executive Director to all Care staff on resident rights and dignity and respect as it correlates to regulation 2600.42.c. Documentation of Education to be kept.
Beginning [redacted] the Executive director or Resident Care Director will interview 1 resident on their safety, dignity and respect is maintained through Care Manager interactions per week for 6 weeks. [redacted] and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again Documentation to be kept.

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented [redacted] - 04/04/2024)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted], at [redacted]., multiple poisons, with manufacturers' labels indicating if ingested call doctor poison control immediately," were unlocked and unattended and accessible in the lower, right-side kitchen cabinet the secured dementia care unit (SDCU) including the following:
- Bottle of Crew Restroom & Floor & Surface cleaner
- Virex One-Step disinfectant cleaner 1/3 full
- Bottle of liquid "Champ" detergent for machine washing 1/4 full
- Bottle of finish jet dry 3/4 full

Not all residents of the home have been assessed capable of safely using or avoiding poisons.

82c - Locking Poisonous Materials *(continued)*

Plan of Correction ***Accept [redacted] - 03/26/2024)***

On [redacted] Immediate action was taken by the SDCU Coordinator to check and lock all poisonous materials.
On [redacted] action was taken by the SDCU Coordinator to check and lock all restricted areas in SDCU
On [redacted] an education to be provided by the Executive Director to SDCU Coordinator and SDCU Care staff on keeping hazardous and restricted substances locked in correlation with regulation 2600.82.c. Documentation of education to be kept.

Beginning [redacted] an Audit ensuring restriction of all secured areas to be completed by SDCU Coordinator or Executive Director once daily for 4 weeks followed by 3 times weekly for 4 weeks.
On [redacted] daily monitoring for each shift by the Lead Care managers will begin of all locked or restricted areas. This shift monitoring will be in addition to their normally assigned shift tasks.

[redacted] and ongoing,

This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again Documentation to be kept.

Proposed Overall Completion Date: 03/22/2024

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented [redacted] - 04/04/2024)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at [redacted]. there were multiple unsealed foods in the refrigerator located in the SDCU, including:
One plastic bag with 11 pieces of white bread.
One plastic bag with one bagel.
One 1 pound of butter broken in pieces
One can of fancy feast cat food

103g - Storing Food (continued)

The freezer portion of the refrigerator included:
One dairy queen frozen ice cream container 1/2 full.
One box of farm rich mozzarella cheese sticks, 7 remaining pieces.

Plan of Correction ***Accept [redacted] - 03/13/2024)***

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On [redacted] immediate action was taken by SDCU coordinator to discard unlabeled food items stored in SDCU refrigerator.
On [redacted] action was taken by SDCU coordinator to check all food items stored within the SDCU for proper labeling, storage, and expire dates. Discarding any item outside regulatory requirements.
On [redacted] the Executive Director to be provided an education to all SDCU staff on proper storage and labeling of food items in correlation with regulation 2600.103.g. Documentation of education to be kept.
Beginning [redacted] an Audit to be completed by SDCU coordinator or Executive Director of all SDCU refrigerators checking for proper labeling and storage of all stored food. To occur daily for 4 weeks followed by 3 times weekly for 4 weeks. [redacted] and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again Documentation to be kept.

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented [redacted] 04/04/2024)

125b - Combustible Restrictions

5. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted], at [redacted] there were three, 19-ounce cans of Lysol disinfectant spray unlocked, unattended, and accessible to residents in the SDCU kitchen cabinet underneath the handwashing sink.

Plan of Correction ***Accept [redacted] - 03/26/2024)***

On [redacted] immediate action was taken by SDCU coordinator to check and lock SDCU kitchen Cabinet.
On [redacted] action was taken by the SDCU Coordinator to check and lock all restricted areas in SDCU.
On [redacted] an education to be provided by the Executive Director to SDCU Coordinator and SDCU Care staff on keeping hazardous and restricted substances locked in correlation with regulation 2600.125.c. Documentation of education to be kept.
Beginning [redacted] an Audit ensuring restriction of all secured areas to be completed by SDCU Coordinator or Executive Director once daily for 4 weeks followed by 3 times weekly for 4 weeks.

On [redacted] daily monitoring for each shift by the Lead Care managers will begin of all locked or restricted areas. This shift monitoring will be in addition to their normally assigned shift tasks.

125b - Combustible Restrictions (continued)

[redacted] *and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again Documentation to be kept.*

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented [redacted] - 04/04/2024)

233c - Key-Locking Devices

6. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On [redacted] at [redacted] the directions for operating the home's locking mechanism were not conspicuously posted near the elevator keypad exit of the SDCU.

Plan of Correction ***Accept[redacted] 03/13/2024)***

On [redacted] immediate action was taken by the SDCU Coordinator to post operational direction for the main elevator key pad in the SDCU.
On [redacted] action was taken by the SDCU Coordinator to check all keypad locked egress' to ensure operational directions were posted in non-conspicuous location near by.
On [redacted] an Education to be provided by Executive Director to all SDCU Care Staff and Coordinators on proper operational instructions for keypad locked egress' in correlation with regulation 2600.125.b
Beginning [redacted] an Audit ensuring egress's in SDCU have posted operational instructions completed by SDCU Coordinator or Executive Director once daily for 4 weeks followed by 3 times weekly for 4 weeks. [redacted] and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again Documentation to be kept.

Licensee's Proposed Overall Completion Date: *03/22/2024*

Implemented [redacted] - 04/04/2024)