

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

April 26, 2024

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

RE: THE REMINGTON SENIOR LIVING
8651 CAREY LANE
PITTSBURGH, PA, 15237
LICENSE/COC#: 44998

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2024, 03/25/2024 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: *THE REMINGTON SENIOR LIVING* License #: *44998* License Expiration: *03/27/2025*
 Address: *8651 CAREY LANE, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *129* Waking Staff: *97*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/12/2024*

Inspection Dates and Department Representative

03/12/2024 - On-Site: [REDACTED]
 03/25/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *92*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *37* Residents Served: *33*

Hospice
 Current Residents: *12*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

03/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2024*

Inspections / Reviews *(continued)*

04/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/19/2024

04/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 2:00 p.m., resident [REDACTED] reported to staff person A that staff person B had inappropriate conversations about [REDACTED] with the resident that made the resident uncomfortable. Resident [REDACTED] indicates that this happened on several occasions including on at least one occasion that staff person B said [REDACTED] was getting married and asked if [REDACTED] could practice [have [REDACTED] with the resident so [REDACTED] could make [REDACTED] happy.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Upon report of this incident on 3/6/24, staff person B was suspended pending investigation. After investigation completed and substantiated on 3/9/24, staff person B was separated from employment.

On 3/19/24, the ombudsman, [REDACTED], was here and re-educated staff on Resident Rights and Reporting Abuse.

Effective 3/14/24 [REDACTED] will interview 3 residents weekly for 1 month then 3 residents monthly for 3 more months to ensure they feel safe and secure living here.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 04/26/2024)

225a - Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The medical evaluation (DME) completed 4/13/24 for resident [REDACTED] includes the diagnosis of [REDACTED]. However, this diagnosis is not included on the resident's initial assessment completed 4/24/23.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

An addendum to the assessment was completed by the HCD on 3/13/24 to include the diagnosis of [REDACTED]

Audits of all resident charts to verify all diagnosis from the DME are on the assessments will be completed by the HCD and the AHCD by 4/30/24.

Current HCD and AHCD were educated by the Residence Director on 3/13/24 on proper completion of RASPS to include all diagnosis.

Residence Director will review all RASPS of new residents for the next 3 months to ensure all diagnoses and medications are present and will keep documentation of the reviews.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented [REDACTED] - 04/26/2024)