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

June 5, 2024

[redacted], AUTHORIZED PERSON
WELLTOWER OPCO GROUP LLC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2024 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]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *07/07/2015* **Issued By**: *Township of Upper St. Clair*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *111* **Waking Staff**: *83*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/23/2024*

Inspection Dates and Department Representative

04/23/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *36* **Residents Served**: *25*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *41*

Have Physical Disability: *0*

Inspections / Reviews

04/23/2024 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/12/2024*

05/17/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/04/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/23/2024*

Inspections / Reviews *(continued)*

05/28/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/04/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/04/2024*

06/05/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/04/2024*

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

On [redacted], from approximately [redacted]., multiple residents, including resident #1, were assigned to be cared for by staff person A; however, did not receive assistance with activities of daily living. On this date, resident #1 was incontinent of both bowel and bladder and remained soiled for the multiple hours - the entire evening - as staff person A did not check on him/her or provide incontinence care. The assessment and support plan, dated [redacted] for resident #1 indicate the resident requires assistance with bowel and bladder incontinence management due to limited physical mobility.

Plan of Correction ***Accept ([redacted] - 05/28/2024)***

On [redacted] immediate action was taken by the Executive Director to suspend staff person A after being alerted by staff and residents of staff person A's behavior. on [redacted] the concerns were documented and reported to the Department of Human Services.

All residents under the care of Staff person A have the potential of being affected by the same deficient practice. On [redacted] action was taken by the Executive Director to speak with all residents in the community assigned to the staff person A to identify if other residents may have been affected. The Executive Director also interviewed staff members to identify if any other residents may have been affected.

On 4/25/204 an education by the Executive Director was provided to Care team managers on following the resident's assessment and support plan in coordination with Regulation 2600.23.a. Documentation of education to be kept. Resident's assessments and support plans are assessed upon move in, every 6 months and on an on-going as needed basis.
Care team managers actively monitor and document in our Point click care system for each resident assigned to them per shift. P.C.C. is routinely monitored every Tuesday morning at our IDT meeting by coordinators to ensure proper ADL's are being provided in coordination with resident support plans. Coordinators will meet with team members and re-educate as needed.

Beginning on 4/24/2024, Executive Director, Resident Care Director, Personal Care Director, or designated Wellness team member will monitor the community documentation system for each shift daily to ensure proper care is being provided for each resident. Documentation will be monitored daily for 6 weeks in addition to our weekly occurring IDT meeting. Documentation to be kept.
Beginning 5/23/2024 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 held on 5/23/2024 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.

Beginning on 5/22/2024 an interview for safety and care needs with a focus on residents with higher care needs to be completed by Executive Director, Resident Care Director, or designated Coordinator for 3 residents weekly for 4 weeks followed by 2 residents weekly for 4 weeks followed by 1 resident weekly for 4 weeks. Documentation to be kept.

23a Activities of Daily Living Assistance (continued)

Each shift has a dedicated Lead care manager tasked with oversight of the remaining care managers. Periodically through each shift they are required to observe their team to improve care quality and report any issues to their coordinator. It was report to the coordinator by the lead that this specific care manager had not performed their care related task which led to the disciplinary actions in the name of resident safety listed above.

Licensee's Proposed Overall Completion Date: *07/09/2024*

Implemented ([redacted] - 06/05/2024)