

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

July 1, 2024

[REDACTED]  
MCCANDLESS SQUARE SENIOR LIVING LLC  
[REDACTED]

RE: ASHTON COMMONS SENIOR  
LIVING  
551 COOPER STREET  
WEXFORD, PA, 15090  
LICENSE/COC#: 45354

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2024 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: *ASHTON COMMONS SENIOR LIVING* License #: *45354* License Expiration: *05/14/2024*  
 Address: *551 COOPER STREET, WEXFORD, PA 15090*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *MCCANDLESS SQUARE SENIOR LIVING LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *01/19/2022* Issued By: *Township of McCandless*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Provisional, Incident* Exit Conference Date: *05/06/2024*

**Inspection Dates and Department Representative**

04/29/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *109* Residents Served: *69*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st Floor* Capacity: *16* Residents Served: *15*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

**04/29/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2024*

**05/29/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *06/28/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/04/2024*

Inspections / Reviews (*continued*)

## 05/31/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2024

## 06/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2024

## 07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

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] an allegation of physical abuse was reported involving staff person A towards resident [REDACTED]; however, the allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED] at approximately [REDACTED]

Plan of Correction

**Directed [REDACTED] - 05/31/2024)**

Executive Director was made aware of the alleged abuse on [REDACTED] and reported incident to protective services and DHS on [REDACTED]. The management team was re-educated on the regulation 2600.15(a) and (b) on 5/20/24 by the Executive Director and informed to contact the Executive Director immediately if there is a suspicion or allegation of abuse so that the home can immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (relating to reporting suspected abuse). All staff will be re-educated on the requirement of 2600.15 (a) and (b) by 6/7/24 by the Executive Director. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 5/31/24). The Executive Director or designee monitors all incidents daily including alleged incidents of abuse to ensure that reporting to protective services and DHS is completed within required time frames. (DIRECTED: The daily review of all internal incidents shall begin on 6/3/24. [REDACTED] 5/31/24). Review of the timeliness of any reports of alleged abuse will be reviewed at the quality management meetings with the next meeting being held by June 31, 2024. (DIRECTED: The home shall conduct a quality management review by 6/30/24. Documentation of the quality management review shall be kept. [REDACTED] 5/31/24)

Proposed Overall Completion Date: 06/07/2024

Directed Completion Date: 06/30/2024

**Implemented [REDACTED] 07/01/2024)**

15b - Supervisor Plan

2. 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] an allegation of physical abuse was reported involving staff person A towards resident [REDACTED] however, staff person A continued to work unsupervised in the home until [REDACTED] on [REDACTED].

Plan of Correction

**Directed [REDACTED] - 05/31/2024)**

The Wellness Director was not notified of the allegation of abuse until after staff person A had completed [REDACTED] shift and was suspended prior to [REDACTED] next scheduled shift. Management team was re-educated on the requirements of

**15b - Supervisor Plan (continued)**

2600.15 (a) and (b) by the Executive Director on 5/20/24 and informed to contact the Executive Director immediately following the suspicion or allegation of abuse so that the home can immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. All staff will be re-educated on the requirements of 2600.15(a) and (b) by 6/5/24 by the Executive Director. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 5/31/24). Executive Director will monitor all allegations of abuse to ensure that employee suspected of abuse is immediately suspended until the investigation is completed or a plan of supervision is developed and approved by DHS. Administrator designees will be educated on the requirement to suspend the employee immediately upon being made aware of an incident of alleged abuse by the Executive Director by June 7, 2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 5/31/24). When Executive Director/designee is doing daily reviewing of incidents, this review will include review of whether employee was suspended immediately by the Executive Director designee. Results of these review will be shared at the quality management meetings with the first review occurring at the quality management meeting which will be held by June 30, 2024. (DIRECTED: Documentation of the quality management reviews shall be kept. [REDACTED] 5/31/24).

Proposed Overall Completion Date: 06/07/2024

Directed Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)