

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

July 8, 2024

[REDACTED]
WELLTOWER OPCO GROUP LLC

[REDACTED]
ATTN LICENSING
[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 05/15/2024 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>C-1</i>	Date: <i>04/03/1967</i>	Issued By: <i>L&I</i>
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>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *155* Waking Staff: *116*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *05/15/2024*

Inspection Dates and Department Representative

05/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>153</i>	Residents Served: <i>94</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>Reminiscence</i>	Capacity: <i>40</i>	Residents Served: <i>26</i>
Hospice			
Current Residents: <i>16</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>94</i>		
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>61</i>	Have Physical Disability: <i>0</i>		

Inspections / Reviews

05/15/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2024*

Inspections / Reviews (*continued*)

05/31/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/07/2024

06/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/17/2024

07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2024

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 8:30 a.m. direct care staff person A was directly accused of abuse by resident [REDACTED] and it was witnessed by direct care staff person B. After escorting resident [REDACTED] to the home's dining room, direct care staff person A reported this allegation of abuse to direct care staff person C and direct care staff person D. However, direct care staff person A was not immediately suspended in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and continued to provide direct care services to resident [REDACTED] and other residents of the personal care home until 12:45 p.m.

REPEAT VIOLATION 1/24/24

Plan of Correction

Accept [REDACTED] - 06/10/2024)

Staff person A was placed on administrative leave on [REDACTED]. ED in-serviced community leaders including staff persons C & D on [REDACTED] and staff member A on [REDACTED] the requirement for any team member involved in an allegation of abuse/ neglect to be immediately placed on administrative leave, removing them from the care of any residents.

Starting [REDACTED], ED/RCD will review alleged abuse/ neglect allegations for team members placed on administrative leave to determine if the requirements in accordance with the Older Adults Protective Services act.

Beginning on 6/4/2024, all staff members will be educated on the regulations of 2600.15(b) to include that staff persons shall be immediately suspended or placed on a plan of supervision submitted in writing and approved by PA DHS BHSL & the local Area Agency on Aging.

On 6/30/2024 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 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: 09/30/2024

Implemented [REDACTED] - 07/08/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], indicated the resident required some physical assistance with transferring, to be provided daily by direct care staff on duty, and to use the call device (PENDANT/PULL CORD) for any assistance needed. However, on [REDACTED] at [REDACTED] resident [REDACTED] pressed her emergency notification pendant to request assistance.

On [REDACTED] direct care staff person E arrived on site at 10:45 p.m. and discovered all call pendant receivers had been left uncharged, and non-operational.

42b - Abuse (continued)

Resident [redacted] was found screaming in pain on the floor of resident room [redacted] at approximately [redacted] at that point resident [redacted] was transferred via emergency services to Allegheny General Hospital and was diagnosed with a [redacted].

REPEAT VIOLATION 9/26/23

Plan of Correction

Accept [redacted] - 06/10/2024)

Resident [redacted] was transported to Allegheny General Hospital for evaluation on [redacted] at approx. [redacted]. Team member assigned to resident [redacted] was terminated on [redacted].

On [redacted], ED completed audit of call bell response times for the previous 30 days.

On [redacted] ED/ RCD educated community team members on importance of responding to resident calls and following resident's service plans during community town hall meeting. ED will review call pendant/ pull cord response times weekly X 8 weeks to measure effectiveness.

Beginning on [redacted] and continuing for 3 months, coordinators or ED will conduct private interviews of no less than [redacted] residents per week to ensure compliance with Regulation 2600.42(b). Additionally, the Administrator will personally conduct 3 interviews per month to ensure compliance with Regulation 2600.42(b). The interviews will be conducted using a questionnaire developed to ensure compliance with Regulation 2600.42(b). Documentation of these interviews will be maintained in the community.

On [redacted] Sr. Resident Care Director contacted Allegheny County AAA & APS to schedule in service training for Abuse Prevention and Reporting & Resident Rights. Sunrise of McCandless staff is awaiting scheduled times from AAA & APS. Once these times and instructors are confirmed, ED will immediately notify DHS BHSL Southwest of the dates, times, and instructors of the training. Documentation of the training will be kept with the plan of correction at the community.

On [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: 09/30/2024

Implemented [redacted] 07/08/2024)