

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

December 23, 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 11/06/2024, 11/07/2024 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 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: C-1	Date: 04/03/1967	Issued By: Department of Labor and Industry
Type: I-2	Date: 11/19/2008	Issued By: Township of McCandless
Type: I-2	Date: 01/31/2020	Issued By: Township of McCandless

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 136 **Waking Staff:** 102

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 11/07/2024

Inspection Dates and Department Representative

11/06/2024 - On-Site: [REDACTED]
11/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 153 **Residents Served:** 78

Secured Dementia Care Unit

In Home: Yes **Area:** 3rd floor Reminiscence **Capacity:** 40 **Residents Served:** 28

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 78
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 58	Have Physical Disability: 1

Inspections / Reviews

11/06/2024 Full

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

12/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted [REDACTED], requires carbon monoxide detectors to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. If the carbon monoxide alarm operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery. The battery must be labeled with the date of installation and replaced at least once annually.

On [REDACTED] at 11:35 am, the batteries in the carbon monoxide detector in the first-floor kitchen area were not dated, so it could not be determined if the batteries were replaced annually.

At 12:13 pm, the carbon monoxide detector in the fourth-floor water heater room was on the floor approximately one foot from the boiler.

Plan of Correction

Accept [REDACTED] - 12/13/2024)

In regards to 2600.18:

The batteries in the carbon monoxide alarm were replaced and labeled with the date at the time of inspection. The carbon monoxide alarm in the fourth -floor water heater room was mounted on the wall with screws at the time of inspection at 15 feet from the boiler . [REDACTED]

The Maintenance Coordinator checked all of the carbon monoxide alarms in the community which were found to be firmly mounted with screws and the batteries were dated. Alarms were in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. [REDACTED]

The maintenance staff will be re- trained on proper installation of carbon dioxide alarms and requirement to change and date batteries semi annually. [REDACTED]

The Maintenance Coordinator /Maintenance Assistant will check the carbon monoxide alarms two times per year ,when clocks are changed for daylight savings time, installing and dating new batteries . [REDACTED] and [REDACTED] (daylight savings time).

The Executive Director will verify all detectors have dated batteries and remain securely mounted 2 x times per year at daylight savings time change. [REDACTED] and [REDACTED] (daylight savings time).

Carbon dioxide placement/mounting and verification that batteries are changed and dated will be reviewed semi annually at the Quality Management (QAPI) meeting [REDACTED] and [REDACTED] the committee will develop an action plan to address any variance to regulatory expectations.

18 Compliance With Laws (continued)

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/23/2024)

103g - Storing Food

2. Requirements

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

Description of Violation

On [redacted] at 11:30 am, there was a frozen pie crust in an unsealed plastic bag and 4 frozen waffles in an unsealed plastic bag in the freezer in the first floor kitchen.

Plan of Correction

Accept [redacted] - 12/13/2024)

In regards to 2600.103g, The unsealed package of pie crust was returned to its original packaging, sealed and dated and returned to the freezer in the first floor kitchen as discussed with inspector and the unsealed waffles were disposed of at the time of inspection on [redacted] by the Dining Service Coordinator.

The Dining Service Coordinator completed an inspection of all kitchen areas at the time of inspection to ensure all food items were properly sealed and dated. [redacted]

The Dining Service Coordinator/Designee will re train all food service staff on sealing stored food in closed or sealed dated containers. [redacted]

The Cooks and Food Service staff will be responsible for storing all food in closed or sealed containers (dated) in the main kitchen immediately after opening. [redacted] and ongoing.

The Dining Service Coordinator/Cooks will check kitchen areas for compliance daily [redacted] and ongoing.

The Executive Director will conduct routine weekly quality assurance checks in the main kitchen to ensure all food is labeled dated and stored properly beginning [redacted] and ongoing.

Results of daily and weekly quality assurance checks will be reviewed Quarterly, for the next 6 months, at the community QAPI meeting. Any issues found by the committee will be discussed and an action plan implemented. [redacted]

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] 12/23/2024)

183f - Discontinued Medications

3. Requirements

2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident [redacted] was in the third-floor medication cart; however, the medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 12/13/2024)

In regards to 2600.183f.

Resident [redacted] was immediately removed and safely discarded at the time of inspection.

Resident Care Director/Wellness Nurse/Medication Care Manager will complete an audit of all medication carts to ensure that no other prescription medications, OTC medications, CAM that are discontinued, expired, or for residents who are no longer served at the home are not in the carts and destroyed in a safe manner . The Resident Care Director will review audit and ensure completion. [redacted]

The Wellness Nurses and Medication Care staff will be re-trained on destroying discontinued, expired or medications for residents no longer served in the home in a safe manner according to the department of Environmental Protection and Federal and state regulation or provided to the resident or designated person on the day of departure from the home. [redacted]

Medication Cart audits will be completed weekly by Resident Care Director/Wellness Nurse/Medication Care Manager for 4 weeks then monthly for 3 months to ensure that other prescription medications ,OTC medications, CAM that are discontinued, expired or for residents who are no longer served at the home are not in the carts and destroyed in a safe manner. The Resident Care Director will review results of each audit and ensure completion. [redacted] and ongoing for 3 months.

Results cart audits will be reviewed quarterly for the next 6 months at the communities QAPI meeting beginning [redacted] Any identified issues with expired or discontinued medications remaining in the medication cart /not disposed of properly will be discussed by the committee and an action plan will be implemented.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/23/2024)