

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

February 7, 2025

[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 01/03/2025 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

Type: *I-1* Date: *03/18/2019* Issued By: *Township of McCandless*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *147* Waking Staff: *110*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident, Interim* Exit Conference Date: *01/03/2025*

Inspection Dates and Department Representative

01/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *95*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *4th Floor* Capacity: *37* Residents Served: *37*
 Hospice
 Current Residents: *12*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*
 Diagnosed with Mental Illness: *47* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *52* Have Physical Disability: *0*

Inspections / Reviews

01/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2025*

02/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/09/2025*

Inspections / Reviews *(continued)*

02/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive training in care for residents with dementia and cognitive impairments during the 2024 staff training year.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

Direct care staff person A, received training in care for residents with dementia and cognitive impairments on [REDACTED] by the Healthcare Director.

On 2/3/25, the Business Office Manager audited employee files for required annual trainings were completed with all being found completed.

The Residence Director or designee will monitor that staff complete their required annual trainings as required by 2600.65f by review of Relias trainings monthly. Staff will be reminded monthly to complete trainings and those that do not complete will be removed from the schedule until completed.

To ensure consistent adherence to Regulation 65f, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 2/25/25 and then monthly. Documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 02/07/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive training in resident rights during the 2024 staff training year.

Ancillary staff person B, hired [REDACTED] did not receive training in resident rights during the 2024 Staff training year.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

Resident Right training was provided by the Residence Director to Direct Care staff person A and B on [REDACTED]

On [REDACTED], the Business Office Manager audited employee files to ensure required annual trainings were completed with all being found completed.

The Residence Director or designee will monitor that staff complete their required annual trainings as required by 2600.65g by review of Relias trainings monthly. Staff will be reminded monthly to complete trainings and those

65g Annual Training Content (continued)

that do not complete will be removed from the schedule until completed.

To ensure consistent adherence to Regulation 65g, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 2/25/25 and then monthly. Documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 02/07/2025)

103g - Storing Food

3. Requirements

2600.

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

Description of Violation

On [redacted] at approximately 10:20 a.m., there was a plastic container labeled as sliced provolone cheese dated [redacted] that had the plastic top unsealed leaving the cheese exposed in the home's walk in refrigerator.

On 1/03/25 at approximately 10:20 a.m., the following unsealed items were in the home's walk in freezer:

*A box labeled as beef broad country fried chicken that contained three pieces of chicken that appeared to be freezer burned setting on top of the open plastic bag within a cardboard.

*A box labeled as baby lima beans in an unsealed open plastic bag within a cardboard box leaving the product exposed.

*A box labeled as yellow kernel corn in an unsealed open plastic bag within a cardboard box leaving the product exposed.

*Two boxes labeled as sliced pepperoni in unsealed open plastic bags leaving the product exposed and freezer burned.

*A box labeled as pizza dough in unsealed open plastic bags leaving the product exposed and freezer burned.

Plan of Correction

Accept [redacted] - 02/04/2025)

On 1/3/25, the food items that were found to be in unsealed bags, were all disposed of by the Chef/Kitchen Manager.

Dining staff were re educated on regulation 2600.103g by the Residence Director on 1/4/25. Documentation will be kept.

Chef or designee will audit walk in cooler and freezer weekly to ensure all foods are properly sealed and dated. Documentation will be kept.

The Residence Director or designee will complete random weekly checks to ensure compliance of 2600.103g.

To ensure consistent adherence to Regulation 103g, compliance monitoring will be conducted during the QMPI meeting. This review shall occur on 2/25/25 and then monthly. Documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 02/07/2025)

103g - Storing Food *(continued)*