

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

April 21, 2025

[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 03/04/2025 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:** SUNRISE OF MCCANDLESS      **License #:** 44880      **License Expiration:** 12/15/2025

**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**

<b>Type:</b> C-1	<b>Date:</b> 04/03/1967	<b>Issued By:</b> Dept of Labor and Industry
<b>Type:</b> I-2	<b>Date:</b> 11/19/2008	<b>Issued By:</b> McCandless Township
<b>Type:</b> I-2	<b>Date:</b> 01/31/2020	<b>Issued By:</b> McCandless Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 135      **Waking Staff:** 101

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 03/24/2025

**Inspection Dates and Department Representative**

03/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 153      **Residents Served:** 79

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Third Floor      **Capacity:** 40      **Residents Served:** 26

**Hospice**

**Current Residents:** 15

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 79
<b>Diagnosed with Mental Illness:</b> 3	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 56	<b>Have Physical Disability:</b> 0

**Inspections / Reviews**

03/04/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/10/2025

Inspections / Reviews *(continued)*

04/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/18/2025

04/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] resident [redacted] told a medical professional that [redacted] had a knife under [redacted] pillow due to being fearful for safety. On this date at approximately 4:27 p.m., staff person A entered the resident's bedroom, searched the resident's bed and kitchenette and removed 3 knives. Resident [redacted] stated that "Staff barged into" the room and staff interviews indicated the resident was angry.

The home did not seek or obtain consent from the resident or permission from the Department prior to searching the resident's room and removing the resident's belongings, which is required if the home has reason to suspect that the resident is in possession of an item that poses and immediate threat to the health and safety of the resident or other residents.

Plan of Correction

Accept [redacted] - 04/10/2025)

The Resident Care Director , leadership team and staff will be retrained by the Executive Director on resident rights as well as right to privacy of self and possessions by 4/20/25. -Training will include obtaining consent from the resident and notifying department prior to removing possessions that pose an immediate threat to the health and safety of the resident or other resident.

Beginning on 4/30/25 and continuing for 3 months, coordinators or ED/Designee will conduct private interviews of no less than 3 residents per week to ensure compliance with Regulation 2600.42(s) utilizing a questionnaire developed to ensure compliance with this regulation.

During the quarterly Quality Management (QAPI) meeting 4/1/25 and for Q2 and Q3, resident interviews will be reviewed and an action plan will be developed by the Executive Director and Leadership team to address any identified issues.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 04/21/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

## 60a Staff/Support Plan (continued)

**Description of Violation**

The support plan for resident [REDACTED], dated [REDACTED] indicates the resident requires a physical assist of 2 person with sit/stand lift for transferring in/out of bed/chair. On [REDACTED] the resident complained of pain and observed swelling of right foot and ankle. On [REDACTED] resident [REDACTED] notified their physician that a staff person stepped on [REDACTED] foot while transferring the resident from [REDACTED] wheelchair to the bathroom commode. Two staff persons were transferring [REDACTED] from [REDACTED] wheelchair to the bathroom commode. Resident [REDACTED] explained that [REDACTED] right foot was placed on the lower border of the perimeter surrounding the toilet, and the staff person stepped on [REDACTED] foot. Resident [REDACTED] said "ouch" and said "you don't know what you're doing." Resident [REDACTED] was diagnosed with [REDACTED] of the [REDACTED].

Resident [REDACTED] assessment, dated [REDACTED], indicates a need for total physical assistance for laundry services. On [REDACTED] a staff person returned resident [REDACTED] laundry and it was soaking wet. The resident was told that [REDACTED] clothes were not dry because the clothes dryer on the 2nd floor was inoperable., and the resident had to lay out the clothes dry. On [REDACTED] an Agent of the Department observed that the clothes dryer on the 2nd floor was still inoperable.

**Plan of Correction**

Accept [REDACTED] - 04/10/2025)

Resident [REDACTED] laundry was re washed and dried by a Care Manager immediately upon resident reporting the laundry was not dried properly on 3/3/25.

The Community has a commercial washer and dryer on the first floor , residential washers and dryers in laundry rooms located on the 1st, 3rd and 4th floor that were operational at the time the 2nd floor dryer was inoperable. 3/4/25.

A motor was ordered for the 2nd floor clothes dryer prior to inspection on 2/25/25 and installed 3/6/25 the dryer is fully operational as of 3/6/25.

Staff training was completed on 4/3/25 with reviewing adherence to support plan and proper laundry procedures to ensure the needs of the residents as specified in the residents assessment and support plan are met.

Care staff was re trained on proper lifting and transferring manual and mechanical lifts by a physical therapist on 4/3/25 to insure the needs of the residents as specified on their assessment/ support plan are met.

During the quarterly Quality Management (QAPI) meeting 4/1/25 and for the next 2 quarters, the committee will any incident reports regarding transfers as well as any complaints regarding laundry and the Executive Director and Leadership team will develop an action plan to address any identified issues.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [REDACTED] - 04/21/2025)

## 141a 1-10 Medical Evaluation Information

**4. Requirements**

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

The medical evaluation for resident [REDACTED], form completed on [REDACTED], does not indicate the date the resident was evaluated.

**Plan of Correction**

Accept ( [REDACTED] - 04/10/2025)

The Resident Care Director notified the physician and obtained a verbal order to complete the date the resident was evaluated on the DME on 3/4/25

The Resident Care Director, the Wellness nurse and the Care Coordinators will be re trained on the proper completion of the medical evaluation , including the date resident was evaluated and requirements listed in 2600.141a, by the Executive Director by 4/15/25.

The Resident Care Director completed an audit of all residents DME's on 4/1/25 to ensure DME's were current and information required in 2600.141.a was present on the DME.

The Resident Care Director/Wellness Nurse/ or Designee will audit each medical evaluation upon completion and communicate to physicians to ensure the forms are completed with correct information and dates. 4/1/25 and ongoing.

Monthly audits of all DME's competed within that month will be completed by the Resident Care Director/Wellness Nurse Designee for the next 6 months to ensure the required information and dates are present.

During the quarterly Quality Management (QAPI) meeting 4/1/25 and for the next 2 quarters, the committee will review the results of the monthly DME audits and the Executive Director and Leadership team will develop an action plan to address any identified issues.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [REDACTED] - 04/21/2025)

185a - Implement Storage Procedures

**5. Requirements**

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted], give 1 tablet by mouth at bedtime for anxiety. However, the the Narcotic count sheet indicates [redacted], take 1 tablet by mouth at bedtime as needed for anxiety.

Plan of Correction

Accept [redacted] - 04/10/2025)

In regards to 2600.185a a change in direction sticker was applied to Residents narcotic count sheet for [redacted] by the Resident Care Director at the time of inspection on 3/4/25.

The Executive Director /Resident Care Director will provide retraining for the Wellness Nurses, LPN and Medication Care Managers on the 6 rights of medication administration Storing prescription medications in their original container labeled with a pharmacy label that includes the residents name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and tile of the prescriber. Staff will also be re trained on the triple check system ensuring medication label matches the medication administration record . Any variances are to be reported immediately to the Wellness Department for verification against physician orders. Medication change stickers will be applied to the medication label and narcotic count sheet with any medication change until the pharmacy delivers the medication with the corrected label/count sheet by 4/20/25 .

The Resident Care Director/Wellness nurse will be responsible for training new hires on ensuring residents medications are labeled per 2600.185a requirements 4/7/25 and ongoing.

The Resident Care Director conducted a complete medication cart audit on 4/2/25 to ensure prescription labels matched current physician orders or a change of order label was present on medication and narcotic count sheets.

The LPN Medication Care Managers/Medication Managers will conduct monthly cart audits for the next 6 months beginning 4/30/25 to ensure medication labels on medication and narcotic count sheets. match the medication administration record. The Resident Care Director will review audits and correct any issues identified.

During the quarterly Quality Management (QAPI) meeting 4/1/25 and for the next 2 quarters, the committee will review medication cart audits and the Executive Director / Resident Care Director will develop an action plan to address any identified issues.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 04/21/2025)