

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

May 29, 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 05/14/2025 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: *03/27/2026*  
 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**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/14/2025*

**Inspection Dates and Department Representative**

05/14/2025 - 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: *36*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *94*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *52* Have Physical Disability: *1*

**Inspections / Reviews**

05/14/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2025*

05/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/23/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2025*

Inspections / Reviews (*continued*)

05/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/27/2025

05/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. 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**

On [REDACTED] at approximately 1:30pm, resident [REDACTED] reached down to grab a shoe off the floor in front of the medication room, located in the secured dementia care unit (SDCU) dining room. Resident [REDACTED] went to grab the shoe from resident [REDACTED] and resident [REDACTED] responded by putting [REDACTED] hands on resident [REDACTED] shoulders and pushing [REDACTED]. Resident [REDACTED] fell backwards, hit [REDACTED] on a table, then fell to the floor. Resident [REDACTED] was transported to the hospital and received approximately [REDACTED] in [REDACTED] head from a scalp laceration and was diagnosed with a [REDACTED].

REPEAT VIOLATION: [REDACTED], et. al.

**Plan of Correction**

Directed [REDACTED] - 05/19/2025)

On [REDACTED] resident [REDACTED] who initiated the physical contact, was redirected from the area and assessed by staff. First aid was immediately provided to the injured resident [REDACTED] by staff on duty and contacted 911 for emergency transport to the Emergency Department for evaluation of a head laceration.

On 4/27/25, Staff on duty were immediately re-educated via conversation the Health Care Director to reinforce the expectation of monitoring resident's interactions and behaviors.

RASP's for resident [REDACTED] and resident [REDACTED] were reviewed and updated to reflect any changes in supervision or monitoring needs by Health Care Director on [REDACTED]

By 5/24/25, the Health Care Director, Assistant Health Care Director and all current staff will be in-serviced on Regulation 2600.42B/abuse by the Regional Health Care Director or Designee, documentation shall be kept in accordance with 2600.65i.

By 5/24/25, the Health Care Director, Assistant Health Care Director and any staff providing care will be in-serviced on First Aid Response by the Regional Health Care Director of Designee, documentation shall be kept in accordance with 2600.65i.

By 5/24/25, the Health Care Director, Assistant Health Care Director and any staff providing care will be in-serviced on De-escalating techniques in the setting of a Memory Care Unit/Personal Care Unit by the Regional Health Care Director or Designee. Staff will also be educated on early behavioral warning signs and proper supervision needs on the unit. Documentation shall be kept in accordance with 2600.65i.

Starting 5/16/25, the Health Care Director and/or Designee will conduct random rounds on the Memory Care Unit three times a week until June 23, 2025 to ensure ongoing compliance with behavior monitoring, proper supervision on the unit, and use of therapeutic life enrichment activities. The audit will continue as needed three times a week after June 23, 2025 to ensure compliance.

To ensure consistent adherence to Regulation 2600.42B, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 5/27/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

## 42b Abuse (continued)

Proposed Overall Completion Date: 06/23/2025

Directed Completion Date: 05/27/2025

Implemented [REDACTED] 05/29/2025)

## 183b - Meds and Syringes Locked

## 2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

## Description of Violation

At 9:54am, an [REDACTED], belonging to resident [REDACTED], was unlocked, unattended and accessible in a drawer in the 1st floor chart room.

## Plan of Correction

Directed [REDACTED] - 05/19/2025)

On 5/14/25, the RD immediately removed the medication from the charting room and had the Nurse on duty dispose of the medication as per facility policy. The medication was noted to be expired. A current supply of the medication was available in the medication cart, it was dispensed to the community on 5/9/25.

On 5/14/25, the Healthcare Director audited remaining areas in chart room for noncompliance, no further findings noted.

By 5/24/25, the Health Care Director, Assistant Health Care Director and any staff passing medication will be in serviced on Regulation 2600.183B by the Regional Health Care Director or Designee. Documentation shall be kept in accordance with 2600.65i.

Starting 5/16/25, the Health Care Director and/or Designee will conduct random checks to the charting rooms three times a week until June 23, 2025 to ensure ongoing compliance. The audit will continue monthly with medication cart and medication room audits.

To ensure consistent adherence to Regulation 2600.183B, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 5/27/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Documentation of education will be kept in accordance with Regulation.

Proposed Overall Completion Date: 06/23/2025

Directed Completion Date: 05/27/2025

Implemented [REDACTED] - 05/29/2025)