

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

June 25, 2025

[REDACTED]
WELLTOWER OPCO GROUP LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

RE: HEMSLEY HOUSE PERSONAL &
MEMORY CARE 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 05/30/2025 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: HEMSLEY HOUSE PERSONAL & MEMORY CARE 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

Type: I-2 **Date:** 11/19/2008 **Issued By:** Town of McCandless

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 132 **Waking Staff:** 99

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 05/30/2025

Inspection Dates and Department Representative

05/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 153 **Residents Served:** 77

Secured Dementia Care Unit

In Home: Yes **Area:** 3rd Floor Reminiscence **Capacity:** 41 **Residents Served:** 26

Hospice

Current Residents: 24

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 77

Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 55 **Have Physical Disability:** 0

Inspections / Reviews

05/30/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/22/2025

06/18/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/24/2025

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/24/2025

Inspections / Reviews *(continued)*

06/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Staff person A alleged that on [redacted] at approximately 7:30 a.m., [redacted] observed staff person B being rough while washing resident [redacted] and pushing [redacted] into [redacted] recliner. The incident was not reported to the Department until [redacted]

Plan of Correction

Accept [redacted] - 06/18/2025)

In regards to 2600.16.c

Staff member B was placed on administrative leave by the Residence Director, on 5/19/25 pending investigation of the allegation.

On 6/6/25 staff member B returned to work after abuse allegation was unsubstantiated by the Department.

Staff member A was retrained, by the Residence Director, on 5/19/25 on Abuse Reporting requirements (OAPSA) including immediately reporting suspected abuse of a resident and immediately notifying the Manager on Duty and the Residence Director.

All staff will be provided retraining on Abuse Reporting (OAPSA) and reporting requirements -including immediately reporting suspected/allegation of abuse of a resident to AAA and immediately notifying the Manager on Duty and the Residence Director at the time of incident to ensure verbal notification to AAA is made immediately, a plan is put in place to ensure residents safety and notification to AAA is made within 48 hours utilizing the Mandatory Abuse Form. Training will be completed by the Residence Director/Designee. 6/30/25.

The telephone number for AAA is posted in the community workroom and posted in all departments. The location of the postings will also be reviewed with all staff during OAPSA training 6/30/25 and ongoing.

Abuse Reporting Requirements (OAPSA) training will continue to be completed upon hire and annually by the Residence Director/Designee for all team members- 6/16/25 and ongoing.

Incidents are reviewed daily by the Residence Director/Designee during the morning Pulse meeting to confirm any allegations of abuse are reported timely. 6/16/25 and ongoing.

During the monthly Quality Management Plan meeting 6/30/25 and for the next 3 months, the committee will review incident reporting trends to confirm they are being reported timely. If there is a negative trend to indicate incidents are not being reported timely an improvement plan is developed and implemented.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 06/25/2025)

233c - Key-Locking Devices

2. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

233c Key Locking Devices (continued)**Description of Violation**

The code for operating the locking mechanism was not clear near the emergency exit door at stairwell C leading to the secured dementia care unit (SDCU). There were 4 separate sports cards with various numbers on each of them. There was no way to indicate which were the correct numbers for the code to open the door.

Plan of Correction**Accept** [REDACTED] - 06/18/2025)

Regarding 233.c

The code for the operating locking mechanism near the emergency exit door at stairwell C leading to the secured dementia care unit was replaced by the Maintenance Director on 6/2/25 clearly posting the exit code.

The Maintenance Director/Designee will check exit doors to the SDCU monthly for the next 3 months to ensure the code is clearly posted at each exit door beginning 6/30/25.

The staff will be provided re training by the Residence Director /Designee on the requirement that the code to operate the exit doors on the secured dementia care unit is clearly posted near each exit door by 6/30/25.

During the monthly Quality Management Plan meeting 6/30/25 and for the next 3 months, the committee will review monthly checks conducted by the Maintenance Director. If there is a negative trend to indicate the code is not clearly posted at each exit door of the SDCU, an improvement plan will be developed and implemented.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 06/25/2025)