

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

January 9, 2026

[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 11/10/2025 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: *138* Waking Staff: *104*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/13/2025*

Inspection Dates and Department Representative

11/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *88*

Secured Dementia Care Unit
 In Home: *Yes* Area: *4th floor* Capacity: *37* Residents Served: *33*

Hospice
 Current Residents: *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *50* Have Physical Disability: *1*

Inspections / Reviews

11/10/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2025*

11/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/30/2025*

Inspections / Reviews *(continued)*

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately 9:45am, direct care staff person A was assisting with cleaning in resident [REDACTED] bedroom when direct care staff person A was overheard yelling obscenities in resident [REDACTED]'s bathroom while resident [REDACTED] was present in [REDACTED] bedroom. Also, direct care staff person A was overheard saying [REDACTED] wished that resident [REDACTED] instead of another resident that recently passed away.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept [REDACTED] 11/21/2025)

On 11/1/25 staff member A was immediately suspended pending investigation by the Assistant Healthcare Director with the Residence Director as a witness via telephone.

A full internal investigation was completed within 24 hours by the Residence Director and was completed on 11/4/25.

On 11/1/25, Resident [REDACTED] was checked by the Assistant Healthcare Director/LPN to ensure their emotional well-being and to offer support.

Beginning 11/1/25, reinforcement of the expectations for professionalism, courtesy, and respectful interactions has been added to daily shift huddles for the next 30 days.

On 11/2, the Administrator updated signage in the staff areas reminding employees of key resident rights, including dignity and respect.

Staff completed Resident Rights & Dignity Training on 11/21/25, provided by the Administrator, including how tone, body language and words can impact residents, examples of unacceptable conduct and how to de-escalate and how to remove yourself from stressful situations before communication becomes inappropriate. Documentation will be kept.

Staff member A was separated from employment on 11/18/25.

New employees will continue to receive resident rights training during orientation by the Residence Director or designee and documented on the First 40 form.

Beginning 11/3/25, The Administrator/designee will conduct 5 random weekly observations for 60 days to monitor staff-resident interactions. Any concerns will be addressed immediately and documented.

Starting 11/26/25, Resident feedback will be reviewed by the Administrator during monthly resident council meetings to ensure no ongoing concerns related to disrespect or poor communication.

To ensure consistent adherence to Regulation 2600.42c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 11/26/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.42.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] 01/09/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 1:19pm, there was a strong odor of feces present in resident [REDACTED]'s bedroom. Also, several smears of what appeared to be feces was present on the fall mat on the left side of resident [REDACTED]'s bed.

Plan of Correction

Accepted [REDACTED] - 11/21/2025)

On 11/1/25, The resident's bathroom, floor and fall mat were immediately cleaned and sanitized by the housekeeper on duty.

The room was aired out and odor-neutralizing cleaning products were used to remove the fecal odor.

On 11/1/25, the Assistant Healthcare Director assessed Resident [REDACTED] to ensure there were no unmet toileting needs or health concerns contributing to the incident.

On 11/1/25, the staff on duty were verbally re-instructed by the AHCD on the requirement to respond immediately to any fecal accidents, odors or contamination.

By 11/3/25, The Healthcare Director or designee will review toileting schedules for the resident to determine if increased assistance or more frequent checks are needed.

Beginning 11/3/25, The HCD or designee will complete daily room checks for Resident [REDACTED] for the next 14 days, documentation will be saved.

Starting 11/3/25, the Administrator or designee will conduct weekly random spot checks of 5 resident apartments per week for 90 days. Any odors or cleanliness concerns will be addressed immediately and documentation will be saved.

Resident support plans will continue to be reviewed monthly by the HCD to ensure toileting support and incontinence management are adequate.

On 11/21/25, Direct Care Staff received training from the Administrator on the expectation for immediate cleanup of fecal accidents, including bedding, mats, floors, and bathroom surfaces, DHS Regulation 2600.85, proper cleaning and sanitation procedures, when to notify maintenance or housekeeping if a deeper clean is needed, how to identify and immediately address odors. Documentation shall be kept. New employees will receive this training during orientation by the Maintenance Director. Documentation will be on the first 40 form.

Starting 11/26/25, results of weekly apartment checks will be reviewed in our monthly QA meeting. Documentation will be kept.

To ensure consistent adherence to Regulation 2600.85a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 12/26/25. Documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.85.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 01/09/2026)