

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

January 20, 2026

[REDACTED]  
WELLTOWER OPCO GROUP LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

RE: HEMSLEY HOUSE PERSONAL &  
MEMORY CARE OF UPPER ST. CLAIR  
500 VILLAGE DRIVE  
UPPER ST. CLAIR, PA, 15241  
LICENSE/COC#: 44882

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/08/2025, 12/10/2025 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:** HEMSLEY HOUSE PERSONAL & MEMORY CARE OF UPPER ST. CLAIR      **License #:** 44882      **License Expiration:** 12/15/2026

**Address:** 500 VILLAGE DRIVE, UPPER ST. CLAIR, PA 15241

**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**

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 74      **Waking Staff:** 56

**Inspection Information**

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

**Reason:** Incident      **Exit Conference Date:** 12/10/2025

**Inspection Dates and Department Representative**

12/08/2025 - On-Site: [REDACTED]

12/10/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 94      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 3rd Floor      **Capacity:** 36      **Residents Served:** 15

**Hospice**

**Current Residents:** 14

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 49

**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 25      **Have Physical Disability:** 0

**Inspections / Reviews**

12/08/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/26/2025

12/23/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/16/2026

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/30/2025

Inspections / Reviews (*continued*)

## 01/05/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/16/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/16/2026

## 01/20/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/16/2026

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

On [redacted] at approximately 7:30am, direct care staff persons A and B heard direct care staff person C speaking to resident [redacted] in a disrespectful and undignified manner in the home's secured dementia care unit (SDCU) dining room; however, this violation of resident rights was not reported to the Department until [redacted]

Plan of Correction

Directed [redacted] 01/05/2026)

- Upon notification of the reportable event from staff, immediate action was taken on 12/5/2025 by the Residence director to report the event to DHS, APS.
- Immediate action was taken on 12/05/2025 by the Residence director to Educate all staff on Mandated Reporting in coordination with regulation 2600.16.c and timely reporting. Documentation of education to be Kept (See Exhibit 1.A)
- On 12/08/2025 action was taken by the Residence director or Memory Care Director to interview all capable residents and staff who had the ability to be affected on the Secured Dementia Care Unit to ensure safety and timely reporting. Documentation to be Kept. (See Exhibit 1.B)
- Beginning on 12/15/2025 Action was taken by the Residence director to interview residents for safety. 2 residents weekly for 4 weeks followed by 1 resident weekly for 4 weeks, followed by 1 resident bi-weekly for 4 weeks. Documentation to be kept (See Exhibit 1.C)
- Beginning 12/29/2025 the Executive Director, Health Care Director, or Designee will review internal incidents daily to ensure all incidents specified in 2600.16.a are reported to the Department within 24 hours in accordance with 260.16.c.
- Results of the audit will be discussed during monthly QMPI meetings starting 1/16/2026, The QMPI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the review shall be kept. [redacted] 1/5/26).

Proposed Overall Completion Date: 01/29/2026

Directed Completion Date: 01/16/2026

Implemented [redacted] 01/20/2026)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] at approximately 7:30am, direct care staff person C gave resident [redacted] morning medications with a cup of water in the home's SDCU dining room. While administering the medications to resident [redacted], direct care staff

42c Treatment of Residents (continued)

person C said to resident [REDACTED], "I'm getting [REDACTED] off.....take your [REDACTED] medicine....drink your [REDACTED] water".

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 01/05/2026)

- On 12/05/2025 immediate action was taken by the Residence Director to place the staff member involved on a leave of absence pending a DHS and APS investigation as well as our company discovery process.
- On 12/12/2025 Direct Care Staff Person C's employment was terminated from the community.
- On 12/05/2025 immediate action was taken by the Residence Director to take statements from involved staff.
- On 12/05/2025 action was taken by the Residence Director to Educate all staff on Resident Rights in coordination with regulation 2600.42.c. Documentation of education to be kept. (See Exhibit 1.A)
- On 12/08/2025 action was taken by the Residence director or Memory Care Director to interview all capable residents had the ability to be affected on the Secured Dementia Care Unit to ensure dignity and respect of the residents has been upheld. (See Exhibit 1.B)
- Beginning on 12/15/2025 Action was taken by the Residence director to interview 2 residents weekly for 4 weeks followed by 1 resident weekly for 4 weeks, followed by 1 resident bi weekly for 4 weeks to ensure dignity and respect is preserved. Documentation to be kept (See Exhibit 1.C)
- Results of the audit will be discussed during monthly QMPI meetings starting 1/16/2026, The QMPI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the review shall be kept. [REDACTED] 1/5/26).

Proposed Overall Completion Date: 01/29/2026

Directed Completion Date: 01/16/2026

Implemented [REDACTED] 01/20/2026)

42s - Privacy

3. 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] at approximately 7:30am, direct care staff person B used [REDACTED] personal cellular telephone to record audio of an altercation between direct care staff person C and resident [REDACTED]. The home's "Communication and Electronic Devices" policy states, "Cameras (including use of cell phone cameras), audio and/or video equipment are prohibited from being used at any time on Legend property unless used for business related reasons and pre approved by Home Office".

## 42s - Privacy (continued)

**Plan of Correction****Directed (████ - 01/05/2026)**

- On 12/08/2025 immediate action was taken by the Residence Director to have the recording deleted to preserve the privacy of our residents in coordination with company policy and regulation 2600.42.s
- On 12/08/2025 immediate action was taken by the Residence Director to audit all associate files for acknowledgement of legend employee handbook in coordination with company "Communication and Electronics Devices" policy. Documentation to be kept. (See Exhibit 3.A)
- On 12/09/2025 action was taken by the Residence Director to provide education to all staff on a resident's right to privacy and the company and community recording policy in coordination with regulation 2600.42.s. Documentation of Education to be kept. (See Exhibit 3.B)
- On 12/08/2025 action was taken by the Residence director or Memory Care Director to interview all capable residents and staff who had the ability to be affected by these recordings on the memory care. Documentation to be Kept. (See Exhibit 1.B)
- Beginning on 12/15/2025 Action was taken by the Residence director to audit Newly Hired Associate files for policy compliance in coordination with regulation 2600.42.s for 2 associates weekly for 4 weeks followed by 1 associate weekly for 4 weeks followed by 1 associate bi-weekly for 4 weeks. Documentation to be kept (See Exhibit 3.C)
- Beginning 12/29/2025 Action was taken by the Residence director, Health Care Director, or Designee to Ensure compliance with Company Cell phone/recording policy daily by rounding the community 4 times weekly for 4 weeks followed by 2 times weekly for 4 weeks followed by 1 time weekly for 4 weeks. Documentation to be kept (See Exhibit 3.D)
- Results of the audit will be discussed during monthly QMPI meetings starting 1/16/2026, The QMPI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the review shall be kept. █████ 1/5/26).

Proposed Overall Completion Date: 01/29/2026

**Directed Completion Date: 01/16/2026****Implemented █████ 01/20/2026)**