

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

May 4, 2026

[REDACTED]
CA SENIOR MCCANDLESS OPERATOR LLC
[REDACTED]

Suite 100
[REDACTED]

RE: RIDGECREST PERSONAL CARE &
MEMORY CARE
8870 DUNCAN AVENUE
PITTSBURGH, PA, 15237
LICENSE/COC#: 45217

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2026 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: RIDGECREST PERSONAL CARE & MEMORY CARE License #: 45217 License Expiration: 07/30/2026
Address: 8870 DUNCAN AVENUE, PITTSBURGH, PA 15237
County: ALLEGHENY Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: CA SENIOR MCCANDLESS OPERATOR LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 255 Waking Staff: 191

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 04/01/2026

Inspection Dates and Department Representative

04/01/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 211 Residents Served: 179

Secured Dementia Care Unit

In Home: Yes Area: Capacity: 35 Residents Served: 32
1st floor Rms #109 #140

Hospice

Current Residents: 28

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 178
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 76 Have Physical Disability: 0

Inspections / Reviews

04/01/2026 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/23/2026

04/21/2026 - POC Submission

Submitted By: [Redacted] Date Submitted: 05/01/2026
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 05/01/2026

Inspections / Reviews *(continued)*

05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

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 4:45 p.m., McCandless Police arrived on site at the home in response to a 911 dispatch call regarding the sexual assault of a staff person by another staff person. The home did not report this incident to the department until [REDACTED] at 9:30 p.m.

Plan of Correction

Accept [REDACTED] - 04/21/2026)

By 4/22/2026, the Regional Director of Operations shall educate the Residence Director of the reporting requirements of 2600.16c. Documentation shall be kept.

By 4/24/26, Residence Director will educate department managers, Manager on Duty, and nursing leadership on regulation 2600.16c. Documentation shall be kept.

By 4/28/26, Residence Director, Assistant Residence Director and or designee will educate current staff on the requirements of 2600.16c. Documentation shall be kept.

Beginning 4/21/26, Residence Director and or designee will audit incident reports related to police, fire and emergency services in the building twice a week for two weeks, then twice monthly for two months to validate compliance with 2600.16c. Incidents not reported shall be reported in accordance with 2600.16c. Documentation shall be kept.

By 4/29/2026, the above findings for 2600.16c will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/04/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

According to the Older Adult Protective Services Act, Section 502(a)(2) "Where the applicant is not and for the two years immediately preceding the date of application has not been a resident of this Commonwealth, administration shall require the applicant to submit with the application for employment a report of Federal criminal history record information pursuant to the Federal Bureau of Investigation's appropriation under the Departments of State, Justice, and Commerce, the Judiciary, and Related Agencies Appropriation Act, 1973 (Public Law 92-544, 86 Stat. 1109). The department shall be the intermediary for the purposes of this paragraph. For the purposes of this paragraph, the applicant shall submit a full set of fingerprints in a manner prescribed by the department. Ancillary staff person A began working for the home on [REDACTED]. The home does not have documentation indicating that staff person A was a permanent resident of Pennsylvania for the two years prior to [REDACTED] employment. However, the home did not have a Federal Bureau of Investigation fingerprint background check completed for staff person A.

51 - Criminal Background Check (continued)

Plan of Correction

Accept [redacted] 04/21/2026)

On 3/16/26, staff person A was suspended by the Residence Director and then terminated on [redacted]
By 4/2/26, Residence Director educated Assistant Residence Director on requirements of 2600.51. Documentation shall be kept.

By 4/21/26, Residence Director and Assistant Residence will audit employee files. Any employees not meeting the requirements of 2600.51 and needing FBI Fingerprint background check will be sent and documentation of results will be placed in their file. Notation will be made on the bottom of the original background check of those team member that are found to be out of compliance. The statement will read "Non-compliance identified during staff background check record review completed on XXXXXXXX by WHO as part of a plan of correction for survey on 4/1/2026". Team member will be removed from the schedule until proper background checks results are received. Documentation shall be kept.

Beginning 4/27/26, Residence Director or Assistant Residence Director will audit new employee files weekly for two weeks, then twice monthly for two months. Documentation shall be kept.

By 4/29/2026, the above findings for 2600.51 will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 05/04/2026)