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

July 9, 2026

[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 06/10/2026 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: *HEMSLEY HOUSE PERSONAL & MEMORY CARE OF MCCANDLESS* **License #**: *44880* **License Expiration**: *12/15/2026*

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: *C-1*	**Date**: *04/03/1967*	**Issued By**: *PA Dept of Labor & Industry*
Type: *I-2*	**Date**: *11/19/2008*	**Issued By**: *Twp of McCandless*
Type: *I-2*	**Date**: *01/31/2020*	**Issued By**: *Twp of McCandless*

Staffing Hours

Resident Support Staff: *22* **Total Daily Staff**: *119* **Waking Staff**: *89*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *153* **Residents Served**: *75*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd Floor* **Capacity**: *40* **Residents Served**: *24*

Hospice

Current Residents: *17*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *72*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *22* **Have Physical Disability**: *0*

Inspections / Reviews

06/10/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/27/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/11/2026*

07/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42s - Privacy

1. 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 2:00 p.m., resident [redacted] requested staff person A to take photographs of [redacted] on staff person A's cell phone and to have staff person A send the photographs of resident [redacted] to a former employee of the home. However, the photographs were displayed on the social media platform "Snapchat" by staff person A.

Plan of Correction ***Accept [redacted] - 06/24/2026)***

Immediately upon discovery of the incident on 6/1/2026, The Residence Director placed staff member A on suspension and started the discovery process.

Immediately on 6/1/2026, the Residence Director called OAPS and notified DHS.

On 6/1/2026, the Residence Director interviewed Resident [redacted] along with three other residents on the 4th floor to ensure this behavior was not repeated with other residents. There were no additional findings of this behavior. Documentation maintained.

On 6/2/2026, staff member A was terminated by the Residence Director for posting a resident photo to social media without their permission.

By 6/26/2026, the Residence Director or designee will train current staff on 2600.42s along with resident rights, the social media policy, digital privacy and resident confidentiality. Documentation will be maintained.

On 7/22/2026, the Residence Director or designee, will review the above findings for 2600.42.s during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 07/09/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most recent annual medical evaluation for resident [redacted] was completed on [redacted]. However, the resident's previous medical evaluation was completed on [redacted].

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction ***Accept [redacted] - 06/24/2026)***

By 6/26/2026, the Regional Health Care Director or designee will educate the Health Care Director and Assistant Health Care Director on the requirements of 2600.141b1. Documentation shall be maintained.

By 6/29/2026, the Health Care Director will educate current licensed staff on the requirements of 2600.141b1. Documentation shall be maintained.

By 7/3/2026, the Health Care Director or designee will conduct an audit of all current resident medical evaluations to ensure compliance with 2600.141b1. Any medical eval out of compliance shall have "Non compliance identified during the medical eval audit completed on XXXX by XXX as part of the plan of correction for survey date 6/10/2026" written on the bottom of the medical evaluation. Documentation shall be maintained..

Starting 7/6/2026, the Residence Director will audit 5 random resident medical evaluations weekly for 4 weeks to spot check compliance with 2600.141b1. Any concerns will be brought to the Health Care Director immediately. Documentation will be maintained.

On 7/22/2026, the Residence Director or designee, will review the above findings for 2600.141.b.1 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/09/2026)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most recent annual assessment was completed [redacted]. The resident's previous assessment was completed [redacted]

Plan of Correction ***Accept [redacted] - 06/24/2026)***

By 6/26/2026, the Regional Health Care Director or designee will educate the Health Care Director and Assistant Health Care Director on the requirements of 2600.225.c. Documentation shall be maintained.

By 6/29/2026, the Health Care Director will educate current licensed staff on the requirements of 2600.225.c. Documentation shall be maintained.

By 7/3/2026, the Health Care Director or designee will conduct an audit of all current resident assessments to

225c Additional Assessment (continued)

ensure compliance with 2600.225.c. Any annual assessment out of compliance shall have "Non compliance identified during the annual assessment audit completed on XXXX by XXX as part of the plan of correction for survey date 6/10/2026" written on the bottom of the RASP. Documentation shall be maintained.

Starting 7/6/2026, the Residence Director will audit 5 resident assessments weekly for 4 weeks to spot check compliance with 2600.225.c. Any concerns will be brought to the Health Care Director immediately. Documentation will be maintained.

On 7/22/2026, the Residence Director or designee, will review the above findings for 2600.225.c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 07/09/2026)