

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

September 3, 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, 5241
LICENSE/COC#: 44882

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2026 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 UPPER ST CLAIR
Address: 500 VILLAGE DRIVE, UPPER ST CLAIR, PA 5241
County: ALLEGHENY **Region:** WESTERN
License #: 44882 **License Expiration:** 12/15/2026

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:** 07/07/2015 **Issued By:** Township of Upper St Clair

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 85 **Waking Staff:** 64

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/07/2026

Inspection Dates and Department Representative

07/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 94 **Residents Served:** 54

Secured Dementia Care Unit

In Home: Yes **Area:** 3rd Floor **Capacity:** 36 **Residents Served:** 20

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 31 **Have Physical Disability:** 0

Inspections / Reviews

07/07/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/13/2026

08/14/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/02/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/01/2026

Inspections / Reviews (*continued*)

09/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

84 - Heat Sources

4. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At 10:15 a.m., three of the five steaming units in the memory care unit kitchen did not have a food bin in the top and the hot water was accessible. The water in the unit on the far left measured 158.9 degrees Fahrenheit. The water in the center unit measured 138.6 degrees Fahrenheit. There is no barrier or guard to prevent residents from accessing this area. Licensing representative observed the kitchen unattended by staff while residents were in the dining area. Administrator acknowledged that the steam tables would be unattended if direct care staff were assisting residents to their rooms after breakfast.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

On 7/7/26, the Dining Director immediately turned the three steam well units off, and a team member remained in the memory care kitchen area until the units had time to cool. A team member was assigned to monitor the area until an appropriate plan of correction was developed.

Effective 8/10/2026, the steam wells in memory care will no longer be utilized. The main kitchen will plate all meals for memory care. A plate dome will be used on hot food items to ensure food remains warm for consumption.

On 8/10/2026, the Dining Director unplugged the steam wells and locked the plugged area to ensure that the steam wells could not be turned on by team members.

On 8/10/2026, the Dining Director provided initial education regarding steam well usage being eliminated in the memory care neighborhood. Documentation will be maintained.

On 8/26/2026, all-team meeting will be held by the Residence Director will review this plan of correction, and all applicable interventions, required actions, and ways to prevent repeat offenses will be reviewed. Regulation 2600.84 will also be reviewed in full at this time. Documentation will be maintained.

Starting on 8/10/2026, the Dining Director or designee will monitor the steam well area for non-heating status during all three meals daily for 1week then weekly for 2 weeks. Documentation will be maintained.

On 9/2/2026, the Residence Director or designee, will review the above findings for 2600.84 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: 09/01/2026

Implemented [REDACTED] - 09/03/2026)

85a - Sanitary Conditions

5. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

85a Sanitary Conditions (continued)**Description of Violation**

At 9:57 a.m., the thermometer on the door of the refrigerator section of the stainless steel GE refrigerator/freezer in the home's memory care unit had a glob of a tan, sticky substance on it.

At 10:14 a.m., the freezer section of the stainless steel GE refrigerator freezer in the home's memory care unit kitchen had multiple food drips and smears on the shelves, the wire pull out basket and the floor of the freezer. There were several old ice cubes on the floor of the freezer under the pull out basket.

At 10:25 a.m., there was trash, coffee grinds and spills in the trash can under the trash bag in the memory care kitchen.

Plan of Correction**Accept**  **- 08/14/2026)**

On 7/7/2026, the Dining Services Director immediately cleaned the thermometer, freezer and refrigerator, and provided immediate education to the memory care team.

On 7/7/2026, the Maintenance Director immediately cleaned garbage cans, and associated cabinetry.

On 8/07/2026, the management team completed a deep clean of the memory care kitchen

On 7/7/2026, the Dining Director completed immediate education on 2600.85a to the Memory Care Team.

On 8/26/2026, all team meeting will be held by the Residence Director to review this plan of correction, and all applicable interventions, required actions, and ways to prevent repeat offenses will be reviewed. Regulation 2600.85a will be reviewed in full. Documentation will maintained.

On 8/12/2026, a daily cleaning schedule will be implemented by the Director of Dining Services and Maintenance Director to all memory care staff. Documentation shall be maintained.

Starting 8/17/2026, the Memory Care Director or designee will audit the memory care kitchen area, including the refrigerator and garbage receptacles for cleanliness 2x a day for 2 weeks, then daily for 2 weeks. Documentation will be maintained.

On 9/2/2026, the Residence Director or designee, will review the above findings for 2600.85.a. 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: 09/01/2026

Implemented  **09/03/2026)****103f - Refrigerator/Freezer Temps****6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f Refrigerator/Freezer Temps (continued)**Description of Violation**

At 10:10 a.m., the temperature of the undercounter freezer in the home's memory care unit kitchen measured 10 degrees Fahrenheit.

Repeated Violation: [REDACTED] et al.

Plan of Correction**Accept [REDACTED] - 08/14/2026)**

On 7/7/2026, the Dining Services Director placed an out of order sign on the freezer and food was removed and disposed of at that time.

On 7/8/26, the Dining Services Director contacted AES for freezer repair.

On 7/21/2026 AES, a third party vendor repaired the under counter freezer.

Starting 7/22/2026, the Dining Services Director or Designee will audit the freezer daily for 2 weeks to ensure temperatures are below zero. If the temperatures are not below zero, the team is directed to contact the Dining Services Director immediately for resolution. Documentation will be maintained.

On 8/26/2026, all team meeting will be held by the Residence Director to review this plan of correction, and all applicable interventions, required actions, and ways to prevent repeat offenses will be reviewed. Regulation 2600.103f will be reviewed in full at that time. Documentation shall be maintained.

On 9/2/2026, the Residence Director or designee, will review the above findings for 2600.103.f. 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: 09/01/2026

Implemented [REDACTED] - 09/03/2026)**103g - Storing Food****7. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:00 a.m., the following items were opened, unsealed and undated in the refrigerator section of the stainless steel refrigerator/freezer in the home's memory care unit kitchen:

- 16 oz squeeze bag of whipped topping with decorating tip attached*
- one pound block of butter.*

Plan of Correction**Accept [REDACTED] - 08/14/2026)**

The Dining Services Director immediately threw away the butter and whip cream that was left out and unsealed.

On 7/10/2026, the Dining Services Director purchased a butter keeper and cover for whip cream tubes to ensure that items are covered. Staff was instructed to use the covers.

103g Storing Food (continued)

On 7/7/2026, 7/8/2026, and 7/9/2026, the Dining Services Director provided immediate education to the dining team on proper storing of food items per 2600.103g. Documentation to be maintained.

On 8/26/2026, all team meeting will be held by the Residence Director to review this plan of correction, and all applicable interventions, required actions, and ways to prevent repeat offenses will be reviewed. This training will include 2600.103g in full. Documentation will be maintained.

Starting 7/8/2026, the Dining Service Director or designee will audit food items daily for 2 weeks and then weekly for 2 weeks to ensure the requirements in 2600.103g are met. Documentation shall be maintained.

On 9/2/2026, the Residence Director or designee, will review the above findings for 2600.103.g. 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: 09/01/2026

Implemented [REDACTED] - 09/03/2026)

225c - Additional Assessment**8. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] resides in the home's secure dementia care unit. Resident [REDACTED]'s medical evaluation completed [REDACTED] indicates that the resident has several problems with cognitive functioning including short term memory deficits, long term memory deficits, needs assist with high level decision making, needs assist with all decision making. However, resident [REDACTED] annual assessment completed [REDACTED] inaccurately indicates that resident [REDACTED] is independent with: managing finances and making and keeping appointments. The assessment also indicates that the following topics are "E not applicable": securing and using transportation, using telephone, and caring for personal possessions. In addition to the resident's problems with cognitive functioning, [REDACTED] is also reportedly often combative when receiving care. However, all of the topics in the Behavioral or Cognitive Need section are marked "A No Problem."

Plan of Correction

Accept [REDACTED] - 08/14/2026)

On 7/7/26, the Health Care Director corrected Resident [REDACTED]'s assessment with the identified needs.

On 7/7/2026, the Resident Director educated the Health Care Director about proper assessment needs and the requirements within 2600.225c. Documentation shall be maintained.

On 8/26/2026, all team meeting will be held by the Residence Director to review this plan of correction, and all applicable interventions, required actions, and ways to prevent repeat offenses will be reviewed. Regulation 2600.225c will be reviewed in full. Documentation shall be maintained.

By 8/28/2026, the Health Care Director or designee will audit current resident RASP's for compliance with

225c - Additional Assessment (continued)

2600.225c. Any RASP found to be out of compliance will have corrections/updates made at that time.

Starting 8/24/2026, the Residence Director will review any newly completed RASP's to ensure that the requirements of 2600.225c are met weekly for 6 weeks.

On 9/2/2026, 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: 09/30/2026

Implemented  - 09/03/2026)