

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

September 18, 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 08/13/2026, 08/14/2026 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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 127 **Waking Staff:** 95

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/20/2026

Inspection Dates and Department Representative

08/13/2026 - On-Site: [REDACTED]
08/14/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 153 **Residents Served:** 73

Secured Dementia Care Unit

In Home: Yes **Area:** Third Floor **Capacity:** 40 **Residents Served:** 22

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 73
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 54 **Have Physical Disability:** 0

Inspections / Reviews

08/13/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/07/2026

09/08/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/17/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/17/2026

Inspections / Reviews *(continued)*

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 7:15 p.m., staff person A came up from behind resident [REDACTED] and squeezed [REDACTED] shoulders while resident was sitting in [REDACTED] wheelchair causing the resident pain let out a cry. Resident indicated that squeeze caused physical pain.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/7/2026, when Health Care Director became aware of the incident involving Resident [REDACTED] [REDACTED] called the Residence Director to inform [REDACTED] and then they both called Staff member A and removed [REDACTED] from care and put [REDACTED] on immediate suspension pending investigation. Staff member A was separated from employment on 8/10/2026.

On 8/8/2026, The Residence Director came to the facility and conducted interviews with other residents residing on the fourth floor to make sure there were no other reports of misconduct.

On 8/8/2026, the Assistant Health Care Director performed a full body assessment and there were no bruising or discoloration noted.

On 8/11/2026, the Regional Health Care Director trained current staff on Mandatory Abuse Reporting and the requirements of 42b. Documentation will be maintained.

Starting on 8/30/2026, the Residence Director will meet with five residents weekly for 4 weeks to conduct safe interviews with the residents ensure there are no other reports of misconduct. Documentation to be maintained.

On 9/16/2026, the Residence Director or designee, will review the above findings 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: 09/16/2026

Implemented [REDACTED] 09/18/2026)

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

51 - Criminal Background Check (continued)

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..." Direct care staff person A began working for the home on 9/9/25. 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.

Plan of Correction**Accept [REDACTED] - 09/08/2026)**

On 8/7/2026, Staff Member A was placed on immediate suspension by the Residence Director and then we separated with [REDACTED] on 8/10/2026.

On 9/1/2026, the Residence Director re-educated the Business Office Manager on 55 Pa.Code 2600.51 requirements regarding out-of-state residency triggers, ensuring they understand that non-residents can't work in direct care prior to FBI clearance returning. Documentation shall be maintained.

On 8/28/2026 the Residence Director, audited all direct care staff personnel files to ensure the requirements of 2600.51 were met. For any staff member lacking residency in Pennsylvania for the previous two consecutive years, a compliant FBI fingerprint-based criminal history check has been immediately requested/obtained. Documentation shall be maintained.

Starting 9/1/2026, the Residence Director or designee will review all new hire backgrounds weekly for 4 weeks to ensure they meet the requirements of 2600.51. Documentation shall be maintained.

On 9/16/2026, the Residence Director or designee, will review the above findings for 2600.51 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: 09/16/2026

Implemented [REDACTED] - 09/18/2026)**224a - Preadmission Screen Form****3. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening for resident [REDACTED] admitted [REDACTED], was completed on [REDACTED]

Plan of Correction**Accept [REDACTED] 09/08/2026)**

On 9/10/2026, the Regional Health Care Director will conduct a training with the Residence Director, Health Care Director, and licensed wellness team on regulation 2600.224.a. Documentation to be maintained.

By 9/16/2026 the Health Care Director or designee will complete an audit of current resident's pre-screens to make sure the requirements of the 2600.224.a have been met. Any pre-screen that is not compliant will be identified with the statement, "Non-Compliance identified during resident audit completed on x-xx-xxxx," by Health Care Director or designee as part of our plan of correction survey dated 8/13/2026. Documentation to be maintained.

224a Preadmission Screen Form (continued)

Starting on 8/30/2026, the Residence Director or designee will audit all new pre screens weekly for six weeks to make sure we are compliant with 2600.224.a. Documentation to be maintained.

On 9/16/2026, the Residence Director or designee, will review the above findings for 2600.224.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: 09/16/2026

Implemented [REDACTED] - 09/18/2026)

225c - Additional Assessment**4. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident [REDACTED] admitted [REDACTED] receives mental health services from Psych 360. However, the contact information for this formal support is not included on the resident's annual assessment completed [REDACTED]

Repeated violation [REDACTED]

Plan of Correction

Accepted [REDACTED] - 09/08/2026)

Immediately at the time of survey, Resident [REDACTED] Rasp was updated with the third party care provider, Psych 360.

On 9/10/2026 the Regional Health Care Director will retrain the Residence Director, Health Care Director, and licensed wellness team on regulation 2600.225.c. Documentation to be maintained.

By 9/16/2026 the Health Care Director or designee will audit current resident Rasps to make sure all third party providers have been noted on the Rasp. Any contact information missed will be noted at that time Documentation to be maintained.

Starting 8/30/2026 the Residence Director or designee will monitor the completion of any new Rasp to ensure all formal third party providers have been captured. This audit will run weekly for 6 weeks. Documentation to be maintained.

On 9/16/2026, 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: 09/16/2026

Implemented [REDACTED] 09/18/2026)