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

October 7, 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 09/08/2026 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* **License #**: *44882* **License Expiration**: *12/15/2026*

Address: *500 VILLAGE DRIVE, UPPER ST CLAIR, PA 5241*

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**: *83* **Waking Staff**: *62*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/08/2026*

Inspection Dates and Department Representative

09/08/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd Floor* **Capacity**: *36* **Residents Served**: *19*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

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

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

09/08/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *09/19/2026*

Inspections / Reviews *(continued)*

09/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/06/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *09/24/2026*

09/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/06/2026*

10/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/06/2026*

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

109b - Rabies Vaccination

1. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

At 9:52am, there was a bowl of cat food present on the ground in the outdoor staff smoking area. According to numerous interviews, there is a stray cat that frequents the home and is fed by unknown staff persons. The home does not have a current certificate of rabies vaccination for the stray cat that frequents the outside premises of the home.

Repeated Violation [redacted]

Plan of Correction ***Directed ([redacted] 09/23/2026)***

On 9/8/2026, immediate action was taken by the Residence Director and Healthcare Director by rounding the exterior of the building and removing all food and water intended for the. Documentation of such shall be maintained.

On 9/9/2026, education was provided by the Residence Director to current staff in compliance with regulation 2600.109b. and more importantly the importance and reasoning behind not feeding stray cats on company property. Documentation shall be maintained.

On 9/8/2026, immediate action was taken by the Residence Director to audit the community's pet vaccination records to ensure compliance with 2600.109b. Documentation of such shall be maintained.

On 9/18/2026 Cali Cats Rescue will be contacted to assist in the removal and adoption of the stray cat from the woods outside the home.

Beginning the week of 9/21/2026 , the Maintenance Director or designee will round the community daily for 2 weeks, then weekly thereafter to ensure that no other food items are left out for the cat. This information will be entered into TELs.

On 10/6/2026 the Residence Director or designee will review the above findings for 2600.109b during the communities routine Quality Management Process Improvement ,(QMPI) meeting to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Proposed Overall Completion Date: 09/30/2026

Directed Completion Date: *10/06/2026*

Implemented [redacted] - 10/07/2026)

121a - Unobstructed Egress

2. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress *(continued)*

Description of Violation

At 9:43am, the emergency exit door leading from the main dining room to the side of the building was unable to be opened by an agent of the Department.

Repeated Violation [redacted], et. al.

Plan of Correction ***Directed [redacted] 09/23/2026)***

On 9/8/2026, the Maintenance Director took immediate action to shave the edge of the door frame to ensure the door could open easily.

On 9/9/2026, the Maintenance Director audited all egresses in the community for compliance with 2600.121a. Documentation shall be maintained.

On 9/18/2026, the Maintenance Director will contact a vendor to have the door evaluated for potential replacement or further repair .

On 9/9/2026, the Residence Director provided education to current staff regarding regulation 2600.121a, and the need to immediately identify and report through TELS challenges with egresses. Documentation shall be maintained.

Beginning the week of 9/21/2026, the Maintenance Director or designee will audit all community egresses daily for 2 weeks and then weekly thereafter. This information will be documented in TELs.

On 10/6/2026 the Residence Director or designee will review the above findings for 2600.121a during the communities routine Quality Management Process Improvement ,(QMPI) meeting to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Proposed Overall Completion Date: 09/30/2026

Directed Completion Date: *10/06/2026*

Implemented [redacted] - 10/07/2026)