

Department of Human Services
Bureau of Human Service Licensing

August 25, 2021

[REDACTED], PRESIDENT OF SENIOR LIVING
CA SENIOR MCCANDLESS II OPERATOR LLC
130 E RANDOLPH S, SUITE 2100
CHICAGO, IL 60601

RE: ANTHOLOGY OF MCCANDLESS
8651 CAREY LANE
PITTSBURGH, PA, 15237
LICENSE/COC#: 44998

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/09/2021, 06/10/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ANTHOLOGY OF MCCANDLESS* License #: 44998 License Expiration Date: 08/28/2021
Address: 8651 CAREY LANE, PITTSBURGH, PA 15237
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 4123927000 Email: [REDACTED]

Legal Entity

Name: *CA SENIOR MCCANDLESS II OPERATOR LLC*
Address: 130 E RANDOLPH S, SUITE 2100, CHICAGO, IL, 60601
Phone: 4123927000 Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: 03/18/2019 Issued By: *Town of McCandless*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 06/10/2021

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]
06/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: 94 Residents Served: 67

Secured Dementia Care Unit

In Home: Yes Area: 4th floor Capacity: 37 Residents Served: 23

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65

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

Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: 07/11/2021

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: 09/01/2021

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired [REDACTED], began providing unsupervised ADL services on 12/1/19. However, [REDACTED] did not complete and pass the Department-approved direct care training course and pass the competency test until 11/25/2020.

Accept

Plan of Correction

Staff person A completed the Department-approved direct care training course and passed during [REDACTED] first week of employment. The training was not filed appropriately. During a routine audit this was discovered and another competency was completed, passed and placed on file 11/25/20.

Moving forward the Business Office Manager and Executive Director will confirm this is completed and filed appropriately prior to care staff providing ADL care services. The community has developed a monitoring tool to track compliance and has created a digital file to serve as a back up for the documentation.

Completion Date: 08/11/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/9/21 at 9:50 am, there were multiple dried, red food spots on the inside bottom of the kitchen microwave.

Accept

Microwave was not thoroughly cleaned after use by staff 6/9/21. This was addressed on 6/9/21 upon inspection. Former Director of Culinary reviewed proper cleaning schedule with culinary team on 6/9/21. New Director of Culinary reviewed regulation, plan for cleaning and expectation to monitor daily with all culinary staff on 8/5/21, in-service sheet attached. Moving forward the cook assigned will monitor microwave for cleanliness, Sous Chef and Director of Culinary will also spot check. In-service sheet attached.

Completion Date: 08/05/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/9/21 at 10:55 am, resident 1 did not have access to a source of light that could be turned on/off at bedside. The light bulb was burned out in lamp next to her bed.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

During the on-site inspection on 6/9/21 a resident's lamp was plugged in and by the bedside, but the bulb had blown. The bulb was replaced on 6/9/21 upon inspection. Housekeeping staff have light bulbs stocked on their carts; they are checking bedside lamps during all weekly apartment cleanings. If care staff find a lamp to be inoperable while assisting with care they are to report, and the bulb is replaced timely.

Completion Date: 08/05/2021

Accept

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On 6/9/21 at 9:50 am, the following items were in unsealed, clear plastic bags in the small kitchen freezer:

- * A 2/3 full bag of chicken patties
- * A bag containing 3 chicken patties
- * A bag containing 5 chicken fingers

Plan of Correction

Food items not stored properly were disposed of on 6/9/21. Former Director of Culinary educated all culinary staff members on proper storage the same day. New Director of Culinary reviewed this again with all culinary staff members on 8/5/21 after receiving this POC. Moving forward Sous Chef, Director of Culinary or cook on duty will confirm that all items are stored properly throughout their shifts. In-service sheet attached.

Completion Date: 08/05/2021

Accept

130h - Inoperable Smoke Detector

1. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction

The home's emergency procedures have been updated to include procedures that will immediately be implemented in the event smoke detectors or fire alarm becomes inoperable. New policy addendum is attached.

Accept

A training course outlining this policy has been assigned to all community staff through our Relias Learning platform and is scheduled to be completed by August 31, 2021.

Completion Date: 08/31/2021

162c - Menus Posted

1. Requirements

162c - Menus Posted (continued)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/9/21 at 9:20 am, the home's menu for the week of 6/13/21 to 6/19/21 was not posted in the main dining room.

On 6/9/21 at 10:50 am, the home's menu for the week of 6/6/21 to 6/12/21 was not posted in the 4th floor secure dementia care unit dining room.

Plan of Correction**Accept**

On 6/9/21 the current and upcoming menus were posted in the main dining room and in the dementia care unit. Menu frames were already posted next to the dining rooms in a conspicuous location. Moving forward the Director of Culinary Services and Sous Chef will monitor this daily and the Executive Director will periodically spot check to assure the appropriate menus are displayed. Pictures of both displays and in-service sheet attached.

Completion Date: 08/05/2021

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 began receiving hospice services [REDACTED]; however, [REDACTED] support plan, dated [REDACTED], does not address the services provided by hospice or the frequency of the services.

Resident #2 began receiving hospice services [REDACTED]; however, [REDACTED] support plan, dated [REDACTED], does not address the services provided by hospice or the frequency of the services.

Resident #3 began receiving hospice services [REDACTED]; however, [REDACTED] support plan, dated [REDACTED], does not address the services provided by hospice or the frequency of the services.

Plan of Correction**Accept**

Facility uses an EHR system to document resident support plans which includes details about hospice services and service frequency. Facility also uses the Department's RASP in addition to the EHR support plan. RASP for residents #1, #2 and #3 have been updated to list hospice services and frequency of services. An audit has also been conducted to assure all residents receiving hospice have services and frequency listed on their RASPs.

Completion Date: 08/11/2021