



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**March 25, 2019**

Ms. Kelly Bleber  
Administrator  
Welltower OPCO Group LLC  
7902 Westpark Drive  
McLean, Virginia 22102

RE: Sunrise of Lafayette Hill  
429 Ridge Pike  
Lafayette Hill, Pennsylvania 19144  
License #: 143240

Dear Ms. Bleber:

As a result of the Department's Bureau of Human Services Licensing Incident inspection on January 10, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

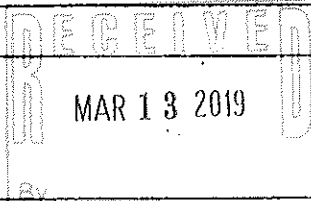
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUNRISE OF LAFAYETTE HILL		License Number: 14324
Address: 429 RIDGE PIKE, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Kelly Bleber		Region: SOUTHEAST
Legal Entity Name: WELLTOWER OPCO GROUP LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy I-2 06/18/1998 Whitemarsh Twp		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 134	Waking Staff: 101
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 01/10/2019: Johnson, Mia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 105 Number of Residents Served: 86 Secured Dementia Care Unit in Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 49 Have a Physical Disability: 0	

*Kelly Bleber Kelly Bleber, ED*

2/12/2019

Violation Report: 14324 - 01/10/2019 - Johnson, Mia  
 PCH Name: SUNRISE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600 -  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 10/26/18, 10/27/18, 10/29/18, 10/30/18, 10/31/18, 11/1/18-11/8/18 resident #1 was not administered her Levothyroxine Sodium

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Bieber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Bieber, Executive Director</i>	Date <i>3/13/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/25/19  
 (Date)

The above plan of correction was approved by AAA  
 (Initials)

Plan of correction implementation status as of 3/25/19  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

*Kelly Bieber 3/12/19*

## Sunrise Senior Living Plan of Correction

**Name of Personal Care Home:** Sunrise Senior Living of Lafayette Hill  
**Address of PCH:** 429 Ridge Pike Lafayette Hill, Pennsylvania 19444  
**License number:** 128250  
**Inspection date(s):** January 10th, 2019  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Kelly Bieber, RN PCHA, Executive Director

**Signature of Sunrise Representative:** *Kelly Bieber, RN Executive Director*  
**Date of Submission:** 3/13/2019

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.187(d)	11/09/2018	The Resident Care Director, RN, immediately reported the medication error upon discovery to the Primary Care Physician, the resident's POA, and DHS was also notified.
	11/09/2018	The Resident was evaluated by Resident Care Director and there were no adverse reactions noted.
	11/10/2018	The Resident Care Director counseled both Medication Care Managers involved in the error, on medication administration policies and on obtaining and maintaining availability of resident medications.
	11/10/2018 and ongoing	On a daily basis the Resident Care Director conducts an audit on eMar to determine if there are any medications identified as "not available". If any are discovered, she immediately telephones pharmacy to obtain a stat order to ensure administration compliance to physician's order. RCD also reviews with the medication manager the process of receiving medications and alerting wellness if a refill is needed from PCP.
	11/10/2018 and ongoing	Training of obtaining and maintaining prescribed medications was added to the monthly medication manager meeting agenda.
	11/10/2018 and ongoing.	This plan of correction will be reviewed monthly by the management team at the Quality Assurance and performance Improvement meeting to evaluate consistency in maintaining compliance with this regulation. The QAPI committee will determine the need for additional process changes and/or monitoring.

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

*Kelly Bieber 3/13/2019*