



July 3, 2019

Ms. Susan Cacioppo
Administrator
Welltower OPCO Group LLC
7902 Westpark Drive
McLean, Virginia 22102

RE: Sunrise of Newtown Square
333 South Newtown Street Road
Newtown Square, Pennsylvania 19073
License #: 143260

Dear Ms. Cacioppo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 25 & 26, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SUNRISE OF NEWTOWN SQUARE*

License Number: 143260

Address: 333 SOUTH NEWTOWN STREET ROAD, NEWTOWN SQUARE, PA 19073

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: *Susan Cacioppo*

Phone: 6103255400

Email:

newtownsquare.ed@SUNRISESENIORLIVING.COM

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

Address: *ATTN - MENERVA PHILSON 7902 WESTPARK DRIVE, VA, 22102*

Certificate(s) of Occupancy

Type: *1-2*

Date: *01/20/2004*

Issued By: *Newtown Twn*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *134*

Waking Staff: *101*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/25/2019 - On-Site: Jennie Heinberg, David Carrion

03/26/2019 - On-Site: Jennie Heinberg, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104*

Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes*

Area: *3rd floor*

Capacity: *26*

Residents Served: *22*

Hospice

Current Residents: *22*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *49*

Have Physical Disability: *0*

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

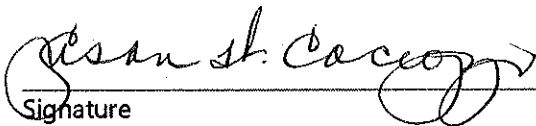
Resident #1's most recent medical evaluation was completed on 4/4/2018 . The resident's previous medical evaluation was completed on 3/9/17.

Resident #3's most recent medical evaluation was completed on 12/20/18. The resident's previous medical evaluation was completed on 11/22/17.

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.)

Legal Entity Representative


Signature

Susan W. Cascioppo, E.D. 6/7/19
Printed Name and Title Executive Director-Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

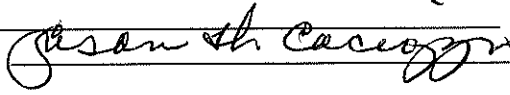
The above plan of correction is approved as of 6/12/19
(Date)

Plan of correction implementation status as of 6/12/19
(Date)

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

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

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of Newtown Square
Address of PCH: 333 South Newtown Street Road, Newtown Square, PA 19073
License number: #143260
Inspection date(s): March 25 and 26, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Susan W. Cacioppo
Signature of Sunrise Representative: 
Date of Submission: 6/7/19

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.141.b.1	3/26/19	Resident Care Director was re-educated on site as to the time frame for annual medical evaluation within 365 days with a 15 day grace period to reflect the date of the actual medical evaluation and not the date of completion of the form.
	6/4/19	All DME's were audited by Resident Care Director to identify compliance with regulation.
	6/4/19 – ongoing	To ensure compliance, Resident Care Director will review annual medical evaluations daily during our daily "stand up" meeting. Resident Care Director will schedule medical evaluation to be completed prior to 365 days of last evaluation.
	6/20/19 – ongoing	Executive Director and Resident Care Director will complete a quarterly audit to ensure effectiveness of Plan.
	6/4/19 - ongoing	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 is prescribed Cyanocobalamin as needed. On 3-26-19, Resident #5's medication was not available in the home.

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.)

Legal Entity Representative

Susan W. Cacioppa
Signature

Susan W. Cacioppa 6/7/19
Printed Name and Title Executive Director Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/12/19
(Date)

Plan of correction implementation status as of 6/12/19
(Date)

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

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.185.a	<p>3/26/19</p> <p>3/26/19</p> <p>3/26/19</p> <p>6/4/19 - ongoing</p>	<p>Corrective Action for the Affected Residents: On March 25, 2019, it was discovered that Cyanocobalamin for resident #5 was not present in the medication cart. LPN/MCM placed request for refill with Omnicare pharmacy.</p> <p>Ensured that all medications for all residents were present for in accordance with physician orders Wellness Nurse re-educated newer LPN/MCM as to the proper method of medication cart audits. All medication carts were audited while the surveyors were on site to ensure compliance.</p> <p>LPN/Med Care Manager (MCM) are responsible for performing weekly audits, on all medication carts, to ensure all medications ordered are present and that labels match physician orders. Resident Care Director/designee will conduct a monthly audit on each medication cart.</p> <p>The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p>

6/7/19 Susan W. Cacigoppo
 Susan W. Cacigoppo
 Executive Director

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.

At Sunrise of Newtown Square on March 26th, 2019 the Wellness nurse reviewed the cart audit process and performed a cart audit with the LPN Med Care Manager.

LPN Med Care Manager: *Valerie*

Wellness Nurse: *Paigann Donaldson-Blouie RN*

Resident Care Director: *Saul Carson*

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 10/10/16. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 12/28/17. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.)

Within 10 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review the record for all residents admitted to the SDCU; to ensure that their respective record is accurate and reflects the most current level of care. Review will include, a documentation stating that the residents do not object to their admission or transfer to the Secured Dementia Care Unit; the no objection document will be completed either by the residents, the home's Administrator or the residents' designated person and placed in the record. Administrator, will develop a tracking sheet to prompt the need for updated information, when a resident is being admitted to SDCU. 6/12/19

AAA

Legal Entity Representative

Susan W. Coccioppo
Signature

Susan W. Coccioppo 6/7/19
Printed Name and Title Executive Director Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/12/19
(Date)

Plan of correction implementation status as of 6/12/19
(Date)

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

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