



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

June 6, 2019

Ms. Kelly Bieber  
Administrator  
Welltower OpCo Group, LLC  
7902 Westpark Drive  
McLean, Virginia 22102

RE: Sunrise at Lafayette Hill  
429 Ridge Pike  
Lafayette Hill, Pennsylvania 19444  
License #: 143240

Dear Ms. Bieber:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 6 and 7, 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 (relating to Personal Care Homes) 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](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".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

### Violation Report

**Facility Information**

Name: *SUNRISE OF LAFAYETTE HILL* License Number: *143240*  
 Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *KELLY BIEBER* Phone: *6109403888* Email: *KELLY.BIEBER@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: *06/18/1998* Issued By: *WHITEMARSH TOWNSHIP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *119* Waking Staff: *89*

**Inspection**

Type: *Full* BHA Docket #: Notice: *Unannounced*  
 Reason: *Renewal*

**Inspection Dates and Department Representative**

*05/06/2019 - On-Site: Tahesia Thomas, David Carrion*  
*05/07/2019 - On-Site: Tahesia Thomas, David Carrion*

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *105* Residents Served: *78*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminisce* Capacity: *25* Residents Served: *21*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *41* Have Physical Disability: *0*

*Kelly Bieber, ED*  
*Kelly Bieber, EP*

SUNRISE OF LAFAYETTE HILL

143240

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 05/07/19, resident #1's glucometer was found in the medication cart on the SDCU not stored in a container. In order to prevent the spreading of communicable diseases, the CDC suggest that a person who is prescribed the use of a glucometer that the glucometer is stored in a container.

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.

See attached 5/17/19 *MB*

Legal Entity Representative

*Kelly Bieber*  
Signature

*Kelly Bieber, RN Executive Director*  
Printed Name and Title

*5/13/2019*  
Date

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The above plan of correction is approved as of 5/17/19  
(Date)

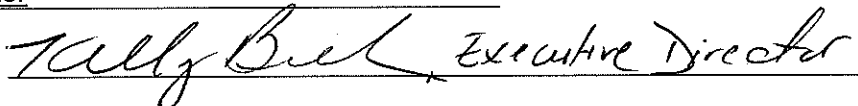
Plan of correction implementation status as of 5/17/19  
(Date)

The above plan of correction was approved by *MB*  
(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 Senior Living of Lafayette Hill  
**Address of PCH:** 429 Ridge Pike Lafayette Hill, Pennsylvania 19444  
**License number:** 128250  
**Inspection date(s):** May 6<sup>th</sup> and 7<sup>th</sup> 2019  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Kelly Bieber, RN PCHA, Executive Director

**Signature of Sunrise Representative:**  Executive Director  
**Date of Submission:** 5/17/2019

	Target Date by Which Correction will be completed	Plan of Correction
2600.85a	5/7/2019	Resident Care Director, RN, immediately removed the glucometer from the cart, disinfected it and placed it in a glucometer bag with resident's name. All glucometers in the community were checked by the Resident Care Director to ensure proper storage compliance.
	5/7/2019	Resident Care Director, RN held a brief training with the medication managers outlining proper sanitation and storage of glucometers. .
	5/7/2019-and ongoing	Medication Cart audits will be held weekly with glucometer checks added to the audit list.
	5/29/2019-ongoing	Cart audits sheets will be reviewed during monthly medication manager meetings held by the Resident Care Director.
	5/29/2019 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.
		Maintain audits for Department review for a period of three years. 5/17/19 