



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail newtownsquare.ed@sunriseseniorliving.com
June 17, 2019**

Mr. Edward A. Frantz
Vice President and Secretary
Welltower OPCO Group, LLC
Attn: Menerva Philson
7902 Westpark Drive
McClellan, Virginia 22102

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

Dear Mr. Frantz:

As a result of the Department's Bureau of Human Services Licensing inspection on May 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 must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

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:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *129*

Waking Staff: *97*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

05/07/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104*

Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes*

Area: *1st floor*

Capacity: *26*

Residents Served: *21*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *81*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *48*

Have Physical Disability: *0*

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 1 participated in the development of his/her support plan on 04/17/19. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.
Resident 2 participated in the development of his/her support plan on 1/10/19. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.
Resident 3 participated in the development of his/her support plan on 06/28/19. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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.)

Please see Attached.....

Administrator or designee will ensure if residents are unable to sign support plans, a notation of inability is documented. Audits and trainings to be maintained for Department review. SP 06-17-19

Legal Entity Representative

Susan W. Cacioppo
Signature

Susan W. Cacioppo 6/14/19
Printed Name and Title Date

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

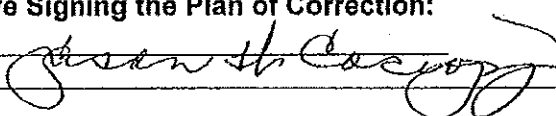
The above plan of correction is approved as of 06-17-19
(Date)

Plan of correction implementation status as of 06-17-19
(Date)

The above plan of correction was approved by SP
(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): May 7, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Susan W. Cacioppo
Signature of Sunrise Representative: 
Date of Submission: June 14, 2019

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.227.h	May 7, 2019	Resident Care Director, Personal Care Coordinator and Reminiscence Coordinator were educated on site regarding the requirement for notation of inability or refusal to sign the support plan by the resident or designated person
	July 14, 2019	All resident files will be audited by Personal Care Coordinator and Reminiscence Coordinator for appropriate documentation in accordance with this regulation. Support plans will be reviewed with resident or designated person and signatures obtained. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.
	June 14, 2019 and ongoing	Executive Director and Resident Care Director will complete a quarterly audit to ensure effectiveness of plan.
	June 14, 2019 and 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.