

Department of Human Services  
Bureau of Human Service Licensing

July 31, 2020

KELLY BIEBER, EXECUTIVE DIRECTOR  
WELLTOWER OPCO GROUP LLC  
7902 WESTPARK DRIVE  
ATTN - MENERVA PHILSON  
MCLEAN, VA 22102

RE: SUNRISE OF LAFAYETTE HILL  
429 RIDGE PIKE  
LAFAYETTE HILL, PA, 19444  
LICENSE/COC#: 14324

Dear Ms. Bieber,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/07/2020, 07/08/2020, 07/09/2020, 07/10/2020, 07/13/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SUNRISE OF LAFAYETTE HILL* License #: *14324* License Expiration Date: *12/15/2020*  
Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *KELLY BIEBER* Phone: *6109403888* Email:  
*KELLY.BIEBER@SUNRISESENIORLIVING.COM,*  
*miajohnson@pa.gov*

**Legal Entity**

Name: *WELLTOWER OPCO GROUP LLC*  
Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*  
Phone: *6109403888* Email: *LafayetteHill.ED@sunriseseniorliving.com*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/18/1998* Issued By: *Whitemarsh Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *07/13/2020*

**Inspection Dates and Department Representative**

*07/07/2020 - Off-Site: Tahesia Thomas*  
*07/08/2020 - Off-Site: Tahesia Thomas*  
*07/09/2020 - Off-Site: Tahesia Thomas*  
*07/10/2020 - Off-Site: Tahesia Thomas*  
*07/13/2020 - Off-Site: Tahesia Thomas*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *105* Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *.* Capacity: *25* Residents Served: *20*

**Hospice**

Current Residents: *.*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *66*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *37*Have Physical Disability: *1***Inspections / Reviews**

07/07/2020 - Partial

Lead Inspector: *Tahesia Thomas*Follow-Up Type: *Not Required*

No Deficiencies Identified