Department of Human Services
Bureau of Human Service Licensing

January 6, 2021

MENERVA PHILSON, 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. Philson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2020, 11/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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 - PUBLIC

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: *Daniella Pantal* **Phone**: *6109403888* **Email**: *LafayetteHill.RCD@sunriseseniorliving.com,*

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*
Phone: *6109403888* **Email**: *LICENSING@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**: *94* **Waking Staff**: *71*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *11/05/2020*

Inspection Dates and Department Representative

11/04/2020 - On-Site: Natasha Braswell, Charlotte Wiley

11/05/2020 - On-Site: Natasha Braswell, Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *25* **Residents Served**: *17*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *62*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *32* **Have Physical Disability**: *1*

Inspections / Reviews

11/04/2020 - Full

Lead Inspector: *Natasha Braswell* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/26/2020*

12/28/2020 - POC Submission

Lead Reviewer: *Mia Johnson* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/31/2020*

1/6/2021 - Document Submission

Lead Reviewer: *Mia Johnson* **Follow-Up Type**: *Not Required*

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

A poster with all the required numbers was posted in the home.
The Executive Director (ED) and/or designee conduct a daily walk through of the facility to ensure all required information is posted.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/04/2020*

Document Submission **Implemented**

A poster with all the required numbers was posted in the home.
The Executive Director (ED) and/or designee conduct a daily walk through of the facility to ensure all required information is posted.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

90b - Staff Communication

1. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 11/4/20, the home served 62 residents. The communication system was not operable.

90b - Staff Communication *(continued)*

Plan of Correction **Accept**

The Personal Care Coordinator (PCC) verified the home's communication system was operable. The PCC met with each staff person and verified his/her communication device was functional.
On 11/12/20 The PCC and RC conducted staff training was regarding need to have functional communication device at all times as well as reporting process if any devices were experiencing technical issues.
The PCC, RC, and/or designee conduct a daily walk through to ensure all staff members are carrying their communication devices and that the system is operable.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/12/2020*

Document Submission **Implemented**

The Personal Care Coordinator (PCC) verified the home's communication system was operable. The PCC met with each staff person and verified his/her communication device was functional.
On 11/12/20 The PCC and RC conducted staff training was regarding need to have functional communication device at all times as well as reporting process if any devices were experiencing technical issues.
The PCC, RC, and/or designee conduct a daily walk through to ensure all staff members are carrying their communication devices and that the system is operable.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

91 - Telephone Numbers

1. **Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room #204.

91 - Telephone Numbers *(continued)*

Plan of Correction **Accept**

The Personal Care Coordinator immediately provided the emergency phone numbers to room #204. The incident was reviewed with appropriate staff. The numbers were posted immediately.
The PCC and Reminiscence Coordinator (RC) completed an audit of all resident telephones to ensure emergency phone numbers were present in resident rooms.
The PCC, RC, and/or designee conduct a daily walk through all residents' phones and rooms to ensure the emergency phone numbers are present.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/04/2020*

Document Submission **Implemented**

The Personal Care Coordinator immediately provided the emergency phone numbers to room #204. The incident was reviewed with appropriate staff. The numbers were posted immediately.
The PCC and Reminiscence Coordinator (RC) completed an audit of all resident telephones to ensure emergency phone numbers were present in resident rooms.
The PCC, RC, and/or designee conduct a daily walk through all residents' phones and rooms to ensure the emergency phone numbers are present.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

95 - Furniture and Equipment

1. **Requirements**

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/4/20, at 11:30 am, the fire extinguisher cabinet, located outside the rear exit door of the memory care unit was missing the glass casing.

95 - Furniture and Equipment *(continued)*

Plan of Correction **Accept**

On 11/4/20, the Maintenance Coordinator (MC) searched and ordered a new cover for the fire extinguisher. This was installed on 12/23/20.
The MC conducted a walkthrough of the home verified all other fire extinguishers had the appropriate covering.
The MC and/or designee will conduct a weekly walkthrough of the home to ensure all fire extinguisher coverings are in place.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *12/23/2020*

Document Submission **Implemented**

On 11/4/20, the Maintenance Coordinator (MC) searched and ordered a new cover for the fire extinguisher. This was installed on 12/23/20.
The MC conducted a walkthrough of the home verified all other fire extinguishers had the appropriate covering.
The MC and/or designee will conduct a weekly walkthrough of the home to ensure all fire extinguisher coverings are in place.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

103e - Left Overs

1. **Requirements**

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were unlabeled, undated liquid condiments in bottles located in the memory care refrigerator.

103e - Left Overs *(continued)*

Plan of Correction **Accept**

11/6/20 The Dining Services Coordinator (DSC) immediately discarded the content of the unlabeled containers.
The DSC conducted an audit of to ensure no additional unlabeled items were in the refrigerator in the secured dementia care unit.
The Reminiscence Coordinator (RC) conducted training with staff persons regarding regulation 2600.103e and process for labeling all items in the refrigerator.
The DSC, RC, and/or designee will conduct a daily review of the contents of the refrigerator to ensure all items are labeled appropriately.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/06/2020*

Document Submission **Implemented**

11/6/20 The Dining Services Coordinator (DSC) immediately discarded the content of the unlabeled containers.
The DSC conducted an audit of to ensure no additional unlabeled items were in the refrigerator in the secured dementia care unit.
The Reminiscence Coordinator (RC) conducted training with staff persons regarding regulation 2600.103e and process for labeling all items in the refrigerator.
The DSC, RC, and/or designee will conduct a daily review of the contents of the refrigerator to ensure all items are labeled appropriately.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer located in the memory care unit.

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction **Accept**

The Dining Services Coordinator (DSC) immediately placed a thermometer in the freezer.
The Reminiscence Coordinator (RC) conducted training with staff persons regarding regulation 2600.103f and process for obtaining a thermometer if one cannot be located in the freezer.
The DSC, RC, and/or designee will conduct a daily review of the contents of the refrigerator to ensure a thermometer is present.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/05/2020*

Document Submission **Implemented**

The Dining Services Coordinator (DSC) immediately placed a thermometer in the freezer.
The Reminiscence Coordinator (RC) conducted training with staff persons regarding regulation 2600.103f and process for obtaining a thermometer if one cannot be located in the freezer.
The DSC, RC, and/or designee will conduct a daily review of the contents of the refrigerator to ensure a thermometer is present.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

183f - Discontinued Medications

1. **Requirements**

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medication Nystatin cream belonging to resident #1 was discontinued on 10/22/20. However this medication was observed on the medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f - Discontinued Medications *(continued)*

Plan of Correction **Accept**

11/12/20 The discontinued medication for resident #1 was immediately removed from the medication cart.
An audit of the medication carts was completed immediately for any discontinued medications.
Staff was educated on the regulation and cart audits to ensure understanding that discontinued medication must be removed from the cart timely.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure discontinued medications have been removed from the cart
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/12/2020*

Document Submission **Implemented**

11/12/20 The discontinued medication for resident #1 was immediately removed from the medication cart.
An audit of the medication carts was completed immediately for any discontinued medications.
Staff was educated on the regulation and cart audits to ensure understanding that discontinued medication must be removed from the cart timely.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure discontinued medications have been removed from the cart
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

184a - Labeling OTC/CAM

1. **Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on resident #2's Tums tablet chewable.

184a - Labeling OTC/CAM *(continued)*

Plan of Correction **Accept**

11/4/20 The medication was an over the counter medication and did not have a pharmacy label. The medication was reviewed to ensure it was labeled with the resident's name.
The medication care managers conducted an audit of the medication carts to ensure all over the counter medication was labeled with the residents' names.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure all over-the-counter medications are labeled with the resident's name
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/04/2020*

Document Submission **Implemented**

11/4/20 The medication was an over the counter medication and did not have a pharmacy label. The medication was reviewed to ensure it was labeled with the resident's name.
The medication care managers conducted an audit of the medication carts to ensure all over the counter medication was labeled with the residents' names.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure all over-the-counter medications are labeled with the resident's name
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer 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

1. **Requirements**

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 #2 is prescribed Dulcolax Suppository 10 MG, Enema disposable, Milk of Magnesia 400 MG/5ML and Tussin DM Liquid 100-10 MG/5L as needed. On 11/4/20, these medications were not available in the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

11/4/20 The Resident Care Director immediately ordered the two medications for resident #2. These medications were delivered to the home and placed in the medication cart.
An audit of the medication carts was completed immediately and medications refilled as indicated
Staff was educated on the regulation and cart audits procedures to ensure understanding that medications written on the Medication Administration Record should be reviewed during these audits to ensure medications are available.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure prescribed medications written in the Medication Administration Record are available
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/05/2020*

Document Submission **Implemented**

11/4/20 The Resident Care Director immediately ordered the two medications for resident #2. These medications were delivered to the home and placed in the medication cart.
An audit of the medication carts was completed immediately and medications refilled as indicated
Staff was educated on the regulation and cart audits procedures to ensure understanding that medications written on the Medication Administration Record should be reviewed during these audits to ensure medications are available.
Wellness staff, including Resident Care Director, Wellness Nurses, and certified medication aides, will complete monthly cart audits for each medication cart to ensure prescribed medications written in the Medication Administration Record are available
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

187d - Follow Prescriber's Orders

1. **Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Klonopin 0.5 mg at 5:00 pm. However, resident #3 was administered Klonopin 0.5 mg on 2/26/20 at 9:30 am.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

This incident was reported to DHS as per regulation. Appropriate staff was educated and involved staff was counseled in writing.
All certified medication aides were educated on the rights of medication administration. The medication administration rights will be reviewed quarterly at the Med Techs meetings for 1 year.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Completion Date: *11/12/2020*

Document Submission **Implemented**

This incident was reported to DHS as per regulation. Appropriate staff was educated and involved staff was counseled in writing.
All certified medication aides were educated on the rights of medication administration. The medication administration rights will be reviewed quarterly at the Med Techs meetings for 1 year.
The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

[redacted]

VIOLATION WITHDRAWN
1/6/21

[redacted])

[redacted]

Violation Withdrawn MJ 1/6/21

VIOLATION WITHDRAWN

MJ **1/6/21**