

Department of Human Services
Bureau of Human Service Licensing

February 4, 2021

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2020, 12/07/2020, 12/11/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 **Licen e #:** 14324 **Licen e Expiration Date:** 12/15/2020
Addr e : 429 RIDGE PIKE, LAFAYETTE HILL, PA 19444
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6109403888 **Email:** [REDACTED]

Legal Entity

Name: WELLTOWER OPCO GROUP LLC
Address: 7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102
Phone: 6109403888 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Re ident Support Staff: **Total Daily Staff:** 78 **Waking Staff:** 59

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 12/03/2020

Inspection Dates and Department Representative

12/03/2020 - On-Site: [REDACTED]
12/07/2020 - Off-Site: [REDACTED]
12/11/2020 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 105 **Residents Served:** 58

Secured Dementia Care Unit

In Home: Yes **Area:** REM **Capacity:** 24 **Re ident Served:** 18

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

12/03/2020 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *12/26/2020*

12/29/2020 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/05/2021*

2/4/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 uses a sit-to-stand lift and needs assistance with it. On 11/26/2020 early morning between 05:00 AM and 06:00 AM, resident #1 pushed █ pendant for help with a bathroom visit. Staff A responded to █ pendant but could not handle it on █ own. Staff B came to help but they could not lift the resident because █ was not cooperative. Staff C joined them, nudged the resident to lift himself, and then █ left for another resident. Staff A and B had trouble helping the resident up from the toilet and staff C had to come again and helped █ up. When leaving the resident's room, staff C heard one of the staff saying "We are not getting paid enough to lift somebody," which the resident heard █

Plan of Correction

Accept

On November 27th resident #1 reported staff person A and staff person B did not speak to resident #1 in a respectful manner. Staff person A and staff person B were placed on administrative immediately. Upon completion of the nvestigation, the Executive Director (ED) terminated staff person A on 12/9/20.

The department coordinators conducted training with all staff members regarding residents' rights.

ED and coordinators will conduct daily observations to ensure staff members are treating residents with dignity and respect.

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 s 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 November 27th resident #1 reported staff person A and staff person B did not speak to resident #1 in a respectful manner. Staff person A and staff person B were placed on administrative immediately. Upon completion of the nvestigation, the Executive Director (ED) terminated staff person A on 12/9/20.

The department coordinators conducted training with all staff members regarding residents' rights.

ED and coordinators will conduct daily observations to ensure staff members are treating residents with dignity and respect.

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 s 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

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g -Support Plan Signatures (continued)

Description of Violation

The home uses an electronic resident record system. Resident #1's support plan was updated on 11/04/2020. However, the home did not keep a copy of the signature page for this update.

Plan of Correction

Accept

The Personal Care Coordinator (PCC) met with resident #1 to review support plan and obtain signatures. The PCC and RC will complete an audit of all resident records to confirm if a support plan signature page is in place or needed. Resident/family meetings will be arranged and documented as necessary. The ED or designee will review/signature of ISPs that have been completed within the last 7 days at weekly meeting to ensure support plan meetings are completed or scheduled and that support plan signature page is 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

The Personal Care Coordinator (PCC) met with resident #1 to review support plan and obtain signatures. The PCC and RC will complete an audit of all resident records to confirm if a support plan signature page is in place or needed. Resident/family meetings will be arranged and documented as necessary. The ED or designee will review/signature of ISPs that have been completed within the last 7 days at weekly meeting to ensure support plan meetings are completed or scheduled and that support plan signature page is 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

227h - Support Plan Refuse Sign

1. Requirements

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

Residents #2 and #3 were unable to participate in the development of his/her support plan and did not sign the support plan. The home did not make a notation regarding the resident's inability to participate.

227h - Support Plan Refuse Sign (continued)

Plan of Correction

Accept

The PCC documented that resident #2 and #3 were unable to sign the support plan.

The PCC and RC will complete audit of all resident records to confirm if a support plan signature page is signed or if there is documentation that the resident refused/is unable to sign. Resident/responsible party meetings will be arranged and documented as necessary.

The ED or designee will review ISPs that have been completed within the last 7 days at weekly meeting to ensure support plan signature page is signed or that there is documentation that the resident refused/is unable to sign.

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

The PCC documented that resident #2 and #3 were unable to sign the support plan.

The PCC and RC will complete audit of all resident records to confirm if a support plan signature page is signed or if there is documentation that the resident refused/is unable to sign. Resident/responsible party meetings will be arranged and documented as necessary.

The ED or designee will review ISPs that have been completed within the last 7 days at weekly meeting to ensure support plan signature page is signed or that there is documentation that the resident refused/is unable to sign.

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

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records Each resident s record must include the following information:

- 10. A record of incident reports for the individual resident.

Description of Violation

The records for resident #1, #2, and #3 do not include the incident report for each resident.

252 - Record Content (continued)

Plan of Correction**Accept**

A copy of the incident report was immediately placed in the resident record for resident #1, resident #2, and resident #3.

The Executive Director and Resident Care Director reviewed past incident reports to ensure the reports had been filed in the residents' records.

The Executive Director or designee will confirm all incident reports had been filed in the resident records during the daily stand up meeting.

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**

A copy of the incident report was immediately placed in the resident record for resident #1, resident #2, and resident #3.

The Executive Director and Resident Care Director reviewed past incident reports to ensure the reports had been filed in the residents' records.

The Executive Director or designee will confirm all incident reports had been filed in the resident records during the daily stand up meeting.

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