Department of Human Services
Bureau of Human Service Licensing

November 23, 2021

[redacted], AUTHORIZED PERSON
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 09/28/2021, 09/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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:** *12/15/2022*
Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*
County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** *610-940-3888* **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

Type: *C-2 LP* **Date:** *02/19/1997* **Issued By:** *CWOPA*
Type: *C-2 LP* **Date:** *06/15/1998* **Issued By:** *CWOPA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *71* **Waking Staff:** *53*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *09/29/2021*

Inspection Dates and Department Representative

09/28/2021 - On-Site: [redacted]
09/29/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served:** *52*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *3rd fl., REM* **Capacity:** *25* **Residents Served:** *12*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *52*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *19* **Have Physical Disability:** *0*

Inspections / Reviews

09/28/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/19/2021*

11/22/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/29/2021*

11/23/2021 - Document Submission

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

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 208.

Plan of Correction **Accept**

On 9/28 at time of inspection there was a poster with the emergency telephone numbers to include the nearest hospital and fire department in the residents' cabinet door of room #208. The poster was immediately moved to the bedside table.

On 9/29 an audit of resident rooms with a telephone with an outside line was completed to verify a list of emergency telephone numbers was posted on or by each telephone.

On 10/28 the Executive Director (ED) provided education to the team members in the community in the monthly Town Hall Meeting regarding the regulation to have emergency telephone numbers posted on each telephone with an outside line and the process for reporting missing list of emergency telephone numbers.

Telephones are provided to the residents upon moving in if requested. The landline phone is on the move-in checklist to verify the phone has been placed in the room a laminated card containing all emergency telephone numbers including nearest hospital and fire department is placed on all residents' bedside table or telephones.

On 10/6 the housekeeping staff audited landline phones in the community during weekly room cleaning to verify that emergency telephone numbers have been placed on or near the phone.

The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly Quality Management (QAPI) meeting to verify 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

Completion Date: *11/17/2021*

Document Submission **Implemented**

On 9/28 at time of inspection there was a poster with the emergency telephone numbers to include the nearest hospital and fire department in the residents' cabinet door of room #208. The poster was immediately moved to the bedside table.

On 9/29 an audit of resident rooms with a telephone with an outside line was completed to verify a list of emergency telephone numbers was posted on or by each telephone.

On 10/28 the Executive Director (ED) provided education to the team members in the community in the monthly Town Hall Meeting regarding the regulation to have emergency telephone numbers posted on each telephone with an outside line and the process for reporting missing list of emergency telephone numbers.

Telephones are provided to the residents upon moving in if requested. The landline phone is on the move-in checklist to verify the phone has been placed in the room a laminated card containing all emergency telephone numbers including nearest hospital and fire department is placed on all residents' bedside table or telephones.

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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

On 9/29/21, the temperature in the ice cream freezer was 36 degrees Fahrenheit.

Plan of Correction **Accept**

On 9/28 the incident was reviewed with the Dining Service Coordinator and the staff was educated. The freezer was in working order. The temperature was rechecked with a new thermometer and the readings were accurate. Current freezer temperatures are at 40°F.
On 9/29 the MC and/or designee inspected all common area refrigerators and freezers to verify food requiring refrigeration is be stored at or below 40°F and frozen food is kept at or below 0°F.
Daily, dining staff and coordinator will continue to check the freezers' temperatures and record on their daily logs. The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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.

Completion Date: *11/17/2021*

Document Submission **Implemented**

On 9/28 the incident was reviewed with the Dining Service Coordinator and the staff was educated. The freezer was in working order. The temperature was rechecked with a new thermometer and the readings were accurate. Current freezer temperatures are at 40°F.
On 9/29 the MC and/or designee inspected all common area refrigerators and freezers to verify food requiring refrigeration is be stored at or below 40°F and frozen food is kept at or below 0°F.
Daily, dining staff and coordinator will continue to check the freezers' temperatures and record on their daily logs. The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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 o

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

123b - Emergency Procedures Posted *(continued)*

Plan of Correction **Accept**

on 9/28 a binder containing a copy of the emergency procedures was available for visitors behind the receptionist desk. The ED verified that the binder is visible to the public and in a conspicuous place. The ED has posted a sign directing visitors to the reception desk to view our emergency procedures.
0n 9/29 the reception staff was instructed to keep the binder accessible.
Daily, Lead receptionist will monitor to ensure binder is present and accessible.
ED to also monitor during daily walkthroughs of the building.
The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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.

Completion Date: *11/17/2021*

Document Submission **Implemented**

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0n 9/29 the reception staff was instructed to keep the binder accessible.
Daily, Lead receptionist will monitor to ensure binder is present and accessible.
ED to also monitor during daily walkthroughs of the building.
The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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.

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 or directions for resident #1's [redacted]

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

Plan of Correction **Accept**

On 9/29 the Wellness nurse placed a label with directions on resident #1's [redacted].
On 9/29 an audit of all the flex pens was completed to verify each one had a pharmacy label with directions.
On 10/28 the ED reviewed with the wellness nurses and medication care managers the requirement of each prescription medications is required to have a pharmacy label that also includes the instructions for administration.
On 9/29 Wellness Nurses and the medication care managers verify medications have a pharmacy label with instructions for administration during monthly cart audits.
The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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.

Completion Date: *11/17/2021*

Document Submission **Implemented**

On 9/29 the Wellness nurse placed a label with directions on resident #1's [redacted].
On 9/29 an audit of all the flex pens was completed to verify each one had a pharmacy label with directions.
On 10/28 the ED reviewed with the wellness nurses and medication care managers the requirement of each prescription medications is required to have a pharmacy label that also includes the instructions for administration.
On 9/29 Wellness Nurses and the medication care managers verify medications have a pharmacy label with instructions for administration during monthly cart audits.
The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify 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.

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

Resident #2's support plan was completed on [redacted] Resident #2 did not sign the support plan nor was there any documentation that resident #2 was unable to sign or refused to sign.

227h - Support Plan Refuse Sign *(continued)*

Plan of Correction **Accept**

Resident #2's support plan was completed on [redacted]. A review of the support plan was completed with the resident and responsible party, signatures from Resident #2 and the responsible party were obtained.
On 9/29 an audit of all support plans was conducted to verify that individuals who participated in the development of the support plan have signed and dated the support plan. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability
or refusal is documented.
On 9/29, the ED reviewed with the Care Coordinators the requirement of documenting inability or refusal to sign if a resident or designated person is unable or chooses not to sign the support plan.
The Care Coordinators or designee verify that individuals who participated in the development of the support plan have signed and dated the support plan at the conclusion of family care plan (support plan) meetings.
The POC and monitoring results are reviewed and evaluated by the Executive 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: *11/17/2021*

Document Submission **Implemented**

Resident #2's support plan was completed on [redacted]. A review of the support plan was completed with the resident and responsible party, signatures from Resident #2 and the responsible party were obtained.
On 9/29 an audit of all support plans was conducted to verify that individuals who participated in the development of the support plan have signed and dated the support plan. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability
or refusal is documented.
On 9/29, the ED reviewed with the Care Coordinators the requirement of documenting inability or refusal to sign if a resident or designated person is unable or chooses not to sign the support plan.
The Care Coordinators or designee verify that individuals who participated in the development of the support plan have signed and dated the support plan at the conclusion of family care plan (support plan) meetings.
The POC and monitoring results are reviewed and evaluated by the Executive 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