

Department of Human Services  
Bureau of Human Service Licensing

December 30, 2021

[REDACTED]  
WELLTOWER OPCO GROUP LLC  
[REDACTED]

RE: SUNRISE OF NORTH WALES  
1419 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 14806

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/10/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 NORTH WALES* License #: *14806* License Expiration: *11/04/2022*  
Address: *1419 HORSHAM ROAD, NORTH WALES, PA 19454*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *267-460-8100* Email: [REDACTED]

**Legal Entity**

Name: *WELLTOWER OPCO GROUP LLC*  
Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*  
Phone: *2674608100* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *12/10/2021*

**Inspection Dates and Department Representative**

*12/10/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *92* Residents Served: *74*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *24*

**Hospice**

Current Residents: *xx*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *37* Have Physical Disability: *0*

**Inspections / Reviews**

**12/10/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/01/2022*

**12/30/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/07/2022*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

The home does not have staff person A's orientation in general fire safety and emergency preparedness on file. The staff's first day of work was [REDACTED]

Plan of Correction

Accept

The Business office coordinator (BOC) and ED attempted to locate staff person A general fire safety and emergency preparedness.

The BOC to perform an audit of all employee files to ensure all proper documentation is in the file.

The BOC to review Sunrise/state onboarding procedures for all new hires.

Going forward all new employees will have proper orientation paperwork needed. The BOC to follow Sunrise/state onboarding guidelines and check list.

The BOC will maintain an audit tool and verify all required documents and training is completed.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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: 12/10/2021

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The home does not have staff person A's orientation covering resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and condition on file. The staff's first day of work was [REDACTED]

Plan of Correction

Accept

The Business office coordinator (BOC) and ED attempted to locate staff person A orientation covering resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and condition.

The BOC to perform an audit of all employee files to ensure all proper documentation is in the file.

The BOC to review Sunrise/state onboarding procedures for all new hires.

Going forward all new employees will have proper orientation paperwork needed. The BOC to follow Sunrise/state onboarding guidelines and check list.

The BOC will maintain an audit tool and verify all required documents and training is completed.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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

65b - Rights/Abuse 40 Hours (continued)

ensure the violation does not occur again.

Completion Date: 12/10/2021

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED] did not have a general orientation to his/her specific job functions prior to working in that capacity.

Plan of Correction

Accept

The Business office coordinator (BOC) and ED attempted to locate staff person A orientation covering specific job functions.

The BOC to perform an audit of all employee files to ensure all proper documentation is in the file.

The BOC to review Sunrise/state onboarding procedures for all new hires.

Going forward all new employees will have proper orientation paperwork needed. The BOC to follow Sunrise/state onboarding guidelines and check list.

The BOC will maintain an audit tool and verify all required documents and training is completed.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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: 12/10/2021

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A tube of Colgate toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away," was in the bathroom of resident room #302. Two bottles of Medline mouthwash with a manufacturer's label "in case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately, were in the bathroom of resident room #308. A large bottle of Listerine, with a manufacturer's label indicating "if more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible in the bathroom of resident room #317. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

The Executive Director (ED) immediately removed and/or discarded the items found and placed in locked cabinets

**82c - Locking Poisonous Materials (continued)**

*within the respective rooms for #302, 308 and 317.*

*The Reminiscence coordinator (RC) and lead to perform an audit of all rooms and place all toxic materials in locked drawer.*

*The RC will purchase individual and labeled shower caddies for our residents to be kept in a locked closet. Staff will grab shower caddy when administering care.*

*The RC will provide education to the neighborhood team on the location of the shower caddies and expected process for use.*

*The Lead care managers during shift change will check all rooms and make sure that toxic materials are placed in locked drawer.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

**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**

*Resident room #317 is a two bedroom unit. The mattress in the bedroom on the right was covered in plastic, posing a fire hazard.*

**Plan of Correction****Accept**

*The Lead housekeeper and the reminiscence staff member immediately removed plastic covering on mattress in room #317.*

*An audit of mattresses in the reminiscence neighborhood was completed to verify all packaging was removed upon delivery.*

*When DME is delivered the Maintenance coordinator (MC) or assistant to check and make sure equipment has all plastic removed.*

*During the monthly checks of DME for safety the MC verifies the plastic has been removed off mattresses that have been delivered.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

**182c - Medication Administration****1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

182c - Medication Administration (*continued*)**Description of Violation**

Resident #1's order for Tramadol 50 mg was changed from twice a day at 09:00 AM and 09:00 PM to every 6 hours as needed on 11/29/2021. However, it was signed out twice on 12/02/2021 at 09:00 AM and 09:00 PM, once at 09:00 PM on 12/03, 04, 06, 08/2021, twice on 12/07/2021 at 09:00 PM and 11:53 PM, and once at 10:00 PM on 12/09/2021. The staff failed to follow the procedure of checking the medication administration record (MAR) and the labels before administering meds.

**Plan of Correction****Accept**

The RCD reviewed resident #1 narcotic medications and verified the counts were accurate and the resident received all medications timely.

The RCD submitted a state reportable related to the incident.

The RCD educated the medication care manger that was administering medications at the time and performed a medication observation. The MCM completed additional medication administration training.

An audit was completed of all residents who receive narcotic medications to verify that not only are the declining balance sheets utilized put medication care managers are properly documenting administration in the electronic medication administration record (e-MAR).

The RCD completed a medication care manager meeting to review the medication administration process, including the review of administering and documenting of narcotics.

The Wellness Nurses (WN) complete medication cart audits weekly and documentation of medications.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

## 183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 12/10/2021, two Lantus insulin pens prescribed for resident #2 and #3 with open dates of 11/11/2021 and 11/05/2021 were in the home's med cart. According to the MARs and manufacturer's instructions, the pens should be discarded 28 days after 1st use.

On 12/10/2021, Latanoprost Ophth sol 0.005% prescribed for resident #4 was in the home's med cart. According to the manufacturer's instructions, the eye drop should be discarded 4-6 weeks after opening. Timolol Maleate 0.5% prescribed for resident #5 was in the home's med cart. According to the manufacturer's instructions, the eye drop should be discarded 28 days after opening. There was no open/discard after date specified on these eye drops.

**Plan of Correction****Accept**

The Resident Care Director (RCD) immediately discarded Lantus insulin pens and replaced with new dated pens for residents #2 and #3. The RCD discarded the empty eye drop container for resident #4 and #5. The new eye drops were dated and placed in the medication cart.

**183e - Storing Medications (continued)**

*An audit was done for residents with eye drops to verify they are all dated with the open date.*

*The RCD completed a medication care manager meeting to review checking that eye drops have the open date written on them and the purpose for it.*

*The Wellness Nurses (WN) complete medication cart audits weekly and verify eye drops have the open date written on them.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

**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:

**Description of Violation**

*Resident #4 is prescribed Midorine 5mg one tab by mouth once a day. There was an additional bottle with a direction (one tab by mouth twice a day) which did not display a direction change sticker.*

**Plan of Correction****Accept**

*The RCD discarded resident #4 medication bottle for Midodrine tablet because the new medication supply was available. The RCD reviewed the label to verify it was correct.*

*A full cart audit was completed to verify all medications have the correct label and directions.*

*The RCD completed a medication care manager meeting to review the medication administration process, including verifying the medication label and directions match the current order.*

*The Wellness Nurses (WN) complete medication cart audits weekly and verify the medication label and directions match the current order.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

**187b - Date/Time of Medication Admin.****1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #1 is prescribed Tramadol 50 mg 1/2 tab every 6 hours as needed. The resident's December MAR does not include the initials of the staff person who administered it at 09:00 AM and 09:00 PM on 12/02/2021, at 09:00 PM on 12/03, 04, 06, 08/2021, at 09:00 PM and 11:53 PM on 12/07/2021, and at 10:00 PM on 12/09/2021.*

## 187b - Date/Time of Medication Admin. (continued)

**Plan of Correction****Accept**

*The RCD reported the administration of the additional dose for resident #1 to the resident's physician. The physician issued a second order for the resident to receive the medication as needed at bedtime.*

*The RCD submitted a state reportable related to the incident.*

*The medication care managers involved were educated on proper documentation procedures for medication administration.*

*An audit was completed of all residents who receive narcotic medications to verify that medication care managers were administering medications according to standards.*

*The RCD completed a medication care manager meeting to review the medication administration process, including the review of administering and documenting of narcotics.*

*The Wellness Nurses (WN) complete medication cart audits weekly and documentation of medications.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #6 is prescribed Clonazepam 0.5 mg Tab take 1/2 half tab once a day at 09:00 AM. However, the resident was administered this med twice at 10:00am on 12/06/2021 and twice at 10:00am on 12/07/2021.*

**Plan of Correction****Accept**

*The RCD reviewed resident #6 narcotic medications and verified the counts were accurate and the resident received all medications timely.*

*The RCD submitted a state reportable related to the incident.*

*The RCD educated the medication care manger that was administering medications at the time and performed a medication observation. The MCM completed additional medication administration training.*

*An audit was completed of all residents who receive narcotic medications to verify that not only are the declining balance sheets utilized put medication care managers are properly documenting administration in the electronic medication administration record (e-MAR).*

*The RCD completed a medication care manager meeting to review the medication administration process, including the review of administering and documenting of narcotics.*

*The Wellness Nurses (WN) complete medication cart audits weekly and documentation of medications.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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:** 12/10/2021