

Department of Human Services
Bureau of Human Service Licensing

March 17, 2022

[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 02/25/2022 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 - PUBLIC

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: *109* Waking Staff: *82*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *02/25/2022*

Inspection Dates and Department Representative

02/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *72*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *23*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

02/25/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2022*

03/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2022*

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

On 02/25/2022, Sparkle Fresh Toothpaste, Remedy Phytoplex Protectant Z-Guard Paste, and Remedy Essentials Barrier Skin Protectant Ointment, with a manufacture's label indicating "if swallowed, get medical help or contact a Poison Control Center right away", were unlocked, unattended, and accessible in resident room # [REDACTED] bathroom. Not all the residents of the home, including the resident in room [REDACTED], have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

The Reminiscence coordinator (RC) immediately removed the items found and placed in locked cabinets within room [REDACTED]

The RC and lead performed an audit of all rooms and place all toxic materials in locked drawer.

The RC will provide education to the neighborhood team at the next care manager meeting on the expected process for use of toxic materials in the secured dementia care unit (SDCU).

The Lead care managers during shift change will check all rooms and make sure that toxic materials are placed in locked drawer or in the closet with shower caddies.

The POC and monitoring results are reviewed and evaluated by the Executive Director (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: 02/25/2022

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/25/2022, in resident room # [REDACTED] bathroom shared by two residents, there was an unlabeled towel hanging on the left rack and two unlabeled wash clothes on the right rack.

Plan of Correction

Accept

The Personal Care coordinator (PCC) immediately labeled all shelves, drawers, and cabinets with the individuals occupying room # [REDACTED].

The PCC and RC performed an audit of all shared rooms and labeled the bathroom shelves, drawers, and cabinets as needed.

Upon move in of a new resident the PCC and RC will label the bathroom and separate items.

The PCC and/or lead will perform a weekly audit of all rooms to ensure labels are correct.

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

85a - Sanitary Conditions (continued)

ensure the violation does not occur again.

Completion Date: 02/25/2022

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were two unlabeled used bars of soap in resident room # [redacted] bathroom shared by two residents.

Plan of Correction

Accept

The Personal Care coordinator (PCC) immediately labeled soap dishes with the individuals occupying room #123. The PCC and RC performed an audit of all shared rooms and labeled the bathroom soap dishes as needed. Upon move in of a new resident the PCC and RC will label the bathroom and separate items. The PCC and/or lead will perform a weekly audit of all rooms to ensure labels are correct. 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: 02/25/2022

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:

- 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 a bottle of Exemestane 25 mg tab prescribed for resident #1 without a pharmacy label in the med cart.

Plan of Correction

Accept

The Wellness Nurse (WN) immediately labeled medication. A full cart audit was completed to verify all medications have the correct label and directions. The Resident Care Director (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 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.

184a - Labeling OTC/CAM (continued)**Completion Date:** 02/25/2022**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 #2 is prescribed Clonazepam 0.5 mg 1/2 tab 3 times a day. Resident #2's February medication administration record (MAR) includes the initials of a staff person when the medication was not signed out/administered at 09:00 AM on 02/14/2022.

Resident #3 is prescribed Clonazepam 0.5 mg 1/2 tab in the morning. Resident #3's February MAR includes the initials of a staff person when the medication was not signed out/administered at 09:00 AM on 02/17/2022.

Plan of Correction**Accept**

The RCD reported the hold of the dose for resident #2 and resident #3 to the resident's physician.

The RCD submitted a state reportable related to the incident for resident #2. Med care manager held medication for resident #3 due to resident being sleepy/lethargic and failed to document correctly on the emar.

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 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: 02/25/2022**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed Clonazepam 0.5 mg 1/2 tab 3 times a day. However, resident #2 was not administered this medication on 02/14/2022 at 09:00 AM.

Resident #3 is prescribed Clonazepam 0.5 mg 1/2 tab once a day at 09:00 AM. However, resident #3 was not administered this medication on 02/17/2022.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

The RCD reported the hold of the dose for resident #2 and resident #3 to the resident's physician.

The RCD submitted a state reportable related to the incident for resident #2. Med care manager held medication due to resident being sleepy/lethargic and failed to document correctly on the emar.

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 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: 02/25/2022