

Department of Human Services
Bureau of Human Service Licensing

August 16, 2022

[REDACTED]
WELLTOWER OPCO GROUP LLC
[REDACTED]

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 05/17/2022, 05/18/2022, 06/15/2022 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 - PUBLIC

Facility Information

Name: *SUNRISE OF LAFAYETTE HILL* License #: *14324* License Expiration: *12/15/2022*
 Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *06/18/1998* Issued By: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *06/15/2022*

Inspection Dates and Department Representative

05/17/2022 - Off-Site: [REDACTED]
 05/18/2022 - Off-Site: [REDACTED]
 06/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* 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: *54*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

05/17/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/01/2022*

Inspections / Reviews *(continued)*

08/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/15/2022*

08/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/22, at [redacted] pm, Resident #1 struck resident #2 with a closed fist [redacted]. This incident was observed by staff person A. This incident was reported to staff person B on 0 [redacted]/2022 at [redacted] pm. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept

The Act 13 was submitted for the incident related to resident #1 and #2. on [redacted] 22
On 7/28/22 The Executive Director (ED) completed a review of reportable incidents since April 2022 and verified Act 13 reports were submitted as required.
The ED has scheduled training for Coordinators on how to complete the Act 13 form, when to complete the form, where to send the form once completed, filing procedures and notification procedures. Completed on 6/16/22 Abuse and neglect and incident reporting training was provided to all staff by the Executive Director at the monthly Town Hall Meeting.
An Act 13 report will be completed within 24 hours of an incident and sent to the Area Agency on Aging. The team member completing the report will also notify the appropriate supervisor of the report for follow up. A copy of the Act 13 form will be filed in the respective resident's record.
The Executive Director or designee will conduct daily meeting and discuss any incidents that occurred which would need to be reported to DHS or to AAA in accordance with OAPSA reporting procedures.
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. On 8/3/22 next QAPI.

Completion Date: 07/29/2022

Document Submission

Implemented

The Act 13 was submitted for the incident related to resident #1 and #2. on 7/28/22
On 7/28/22 The Executive Director (ED) completed a review of reportable incidents since April 2022 and verified Act 13 reports were submitted as required.
The ED has scheduled training for Coordinators on how to complete the Act 13 form, when to complete the form, where to send the form once completed, filing procedures and notification procedures. Completed on 6/16/22 Abuse and neglect and incident reporting training was provided to all staff by the Executive Director at the monthly Town Hall Meeting.
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15a - Resident Abuse Report (continued)

occur again. On 8/3/22 next QAPI.

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 attacked two different residents; the home did not start positive intervention until resident #2 was attacked for a second time [REDACTED]. The home has not implemented positive interventions to modify or eliminate resident #1's behavior. Resident #1 becomes aggressive when [REDACTED] personal space is invaded. Per resident #1's notes dated [REDACTED]/22, the resident's family and doctor was contacted regarding the resident's anxiety and behaviors.

On [REDACTED]/22, resident #1 and resident #2 approached staff member C to report that both residents had a fight. Staff was not aware of the fight. Resident #1 physically assaulted resident #2 [REDACTED] for going into resident #1 room. Resident #1 struck resident #2 first. Resident #2 was noted to have scattered scratches on the left eyes and both arms. Resident #1 had scratches on both arms. The home did not provide any positive interventions to modify or eliminate the behavior. The residents were put to bed. Resident #1 was not re-evaluated nor was the resident's RASP updated to reflect change of behavior or develop a plan for positive interventions.

On [REDACTED]/22, resident #1 attacked resident #3 for going into [REDACTED] room. Both residents reside in the [REDACTED] [REDACTED]. The incident was unwitnessed. Resident #1 physically assaulted resident #3 [REDACTED]. Resident #3 scratched resident #1's neck. Staff member D overheard the residents yelling and came over once the altercation was over. The home's intervention was to give resident #1 a key for [REDACTED] room, but no other intervention plan was developed. Resident #1 was not assessed nor was the RASP updated.

On [REDACTED]/2022, staff person A observed resident #2 sitting in another resident's room with a bloody nose. Staff member A talked to resident #1 who stated that resident #2 went into resident #1's room. Resident #1 asked resident #2 to leave the room. Resident #2 struck resident #1 with a magazine, then resident #1 struck resident #2 with a closed fist causing the bloody nose. Staff member B went to resident #1 and observed that resident #1 had blood on [REDACTED] hand. This is the 3rd incident reported by the home of resident #1 attacking another resident.

Resident #1 was sent to [REDACTED] center and was discharged at 12am with no new order. Staff member B spoke to the family to obtain a 1:1. The home has documented resident behavior on resident support plan that states to "anticipate/remove triggers that cause [REDACTED] to show signs of aggression." Staff member B was aware of resident #1's behavior from previous incidents and failed to implement safety precautions. Resident #1 preadmission stated that resident needs supervision. Supervision was not render until the 3rd time of resident #1 physical attack on residents. The home failed to provide safety measures that resulted residents being physically assaulted.

Plan of Correction**Accept**

On [REDACTED]/22 upon discharge from the Behavioral center a private duty companion service was initiated for resident #1.

On [REDACTED]/22 Resident #1 was discharged from the community.

42b - Abuse (continued)

On 7/14/22 and 7/26/22 Training on Resident Rights, Safe Management Techniques, behavioral Expressions, Validation Techniques and Abuse Reporting procedures at the monthly Town Hall Meeting.

On 7/28/22 A review of residents with challenging behaviors was completed to verify ISPs include safe management techniques direct care staff can apply as they work with the residents.

On 7/28/22 The ED provided training to Coordinators on updating support plans with relevant information on resident care and safe management techniques and communicating changes with direct care staff.

During direct care staff shift to shift meetings care managers report any concerns and changes in resident behaviors. During the daily meeting, the ED and Coordinators review any incidents that have occurred and changes in resident behaviors reported by direct care staff. The ISPs will be updated based on the changes reported and intervention implemented.

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. Next QAPI 8/3/22

Completion Date: 07/29/2022

Document Submission

Implemented

On [redacted]/22 upon discharge from the Behavioral center a private duty companion service was initiated for resident #1.

On [redacted]/22 Resident #1 was discharged from the community.

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201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 attacked two different residents; the home did not start positive intervention until resident#2 was attacked for a second time [redacted]. The home has not implemented positive interventions to

201 - Positive Interventions (continued)

modify or eliminate the behavior. On [REDACTED]/2022, staff person A observed resident #2 sitting in another resident's room with a bloody nose. Staff member A talked to resident #1 who stated resident #2 went to [REDACTED] room. Resident #1 requested resident #2 to leave the room. Resident #2 struck resident #1 with a magazine, then resident #1 struck resident #2 with a closed fist causing the bloody nose. This is the 3rd incident reported by the home of resident #1 attacking a resident.

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Completion Date: 07/29/2022

Document Submission**Implemented**

On [REDACTED]/22 Upon discharge from the Behavioral center a private duty companion service was initiated for resident #1.

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201 - Positive Interventions (continued)

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