

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

December 6, 2022

[REDACTED]  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[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 review on 06/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: [Redacted] Email: [Redacted]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-2* Date: *12/21/2012* Issued By: *Horsham Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *91* Waking Staff: *68*

**Inspection Information**

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

**Inspection Dates and Department Representative**

06/06/2022 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	92	Residents Served:	58
Secured Dementia Care Unit			
In Home:	Yes	Area:	<i>Reminiscence</i>
Capacity:	58	Residents Served:	19
Hospice			
Current Residents:	2		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	58
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	1
Have Mobility Need:	33	Have Physical Disability:	0

**Inspections / Reviews**

06/06/2022 - Partial  
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/19/2022*

Inspections / Reviews (*continued*)

## 12/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/06/2022

## 12/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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.

Description of Violation

Resident 1 participated in the development of his/her support plan. However, the resident did not sign the support plan.

POC Submission

Accept

Resident 1 responsible party was sent the support plan for review on [REDACTED]. Responsible party has requested further review of service plan to be discussed in a virtual meeting with the date to be determined by the responsible party.

Personal care coordinator (PCC) to audit all support plans to ensure that the signature has been documented. In the absence of the signature page documentation, the PCC will perform a support plan meeting with the resident and responsible party to review and document the signature page.

PCC and Reminiscence coordinator (RC) will complete support plans and immediately set up a support plan meeting to review with the resident and the responsible party. At the time of the meeting, the support plan signature page will be completed and placed in the resident's wellness chart.

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.

Licensee's Plan Completion Date: 06/01/2022

Implemented (MS - 12/06/2022)

227h - Support Plan Refuse Sign

2. 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 1 participated in the development of his/her support plan. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

POC Submission

Accept

Resident 1 responsible party was sent the support plan for review on [REDACTED]. Responsible party has requested further review of service plan to be discussed in a virtual meeting with the date to be determined by the responsible party.

Personal care coordinator (PCC) to audit all support plans to ensure that the signature has been documented. In the absence of the signature page documentation, the PCC will perform a support plan meeting with the resident and responsible party to review and document the signature page.

PCC and Reminiscence coordinator (RC) will complete support plans and immediately set up a support plan meeting to review with the resident and the responsible party. At the time of the meeting, the support plan signature page will be completed and placed in the resident's wellness chart.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality

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

*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.*

**Licensee's Plan Completion Date:** 06/01/2022

**Implemented (MS - 12/06/2022)**

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