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

December 14, 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 06/23/2022 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 LAFAYETTE HILL* **Licen e #**: *14324* **Licen e 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: *C-2 LP* **Date**: *06/15/1998* **Issued By**: *Labor & Industry*

Type: *C-2 LP* **Date**: *02/19/1997* **Issued By**:

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *06/23/2022*

Inspection Dates and Department Representative

06/23/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *105* **Re ident Served**: *64*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *25* **Re ident Served**: *12*

Hospice

Current Re ident : *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *64*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *14* **Have Physical Disability**: *1*

Inspections / Reviews

06/23/2022 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/24/2022*

Inspections / Reviews *(continued)*

11/23/2022 - POC Submission

Submitted By [redacted] **Date Submitted**: *08/10/2022*

Reviewer [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/28/2022*

12/14/2022 - Document Submission

Submitted By: [redacted] **Date Submitted**: *12/14/2022*

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

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On 6/23/22, at 2:00 pm, the Department requested to scan the home's investigation for the reported incident. The home denied an agent of the Department, to scan the documents into the system. Staff person A, confirmed that this would be a breech of confidentiality for Sunrise Corporation.

POC Submission ***Accept***

On 8/10/2022 Access was provided to the Department of Human Services for the requested investigation documents regarding the reported incident.
When the Department request access of a community to its resident's records- in the course of investigating a reportable incident, the Executive Director or designee will provide immediate access to such records. To the extent any requested documents or statements are part of the community's internal investigation and are privileged as Patient Safety Work Product under federal law, the Executive Director or designee will provide such documents indicating, on a specific cover letter (the "PSWP Compliance Exception Letter") that such documents are privileged and provided to the Department solely to comply with the Department's investigation.
The Executive Director will provide training to the Department Coordinators on the process and requirements for providing, upon request, immediate access to the home, the residents, and records to Agents of the Department.
The Executive Director reviews any records provided to the Department and verifies that any internal documents provided that are privileged Patient Safety Work product under the Patient Safety and Quality Improvement Act are provided under the cover of the PSWP Compliance Exception Letter. The Plan of Correction (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 meeting 8/31/2022.

Licensee's Plan Completion Date: *08/10/2022*

Implemented [redacted] 12/14/2022)

15a - Resident Abuse Report

2. 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, the home received a report of suspected abuse involving resident #1 and resident #2 . Staff person B, failed to report the incident when the event occurred in the home. Staff person B, was unable to recall the date, time, or a specific event that was considered abuse. Staff person B, failed to follow the proper policy for reporting abuse.

15a - Resident Abuse Report *(continued)*

POC Submission ***Accept***

The incident was immediately reported to DHS and AAA with act 13 completed on 5/11/22. Staff member B was suspended immediately pending investigation. The Executive Director conducted an audit of the reportable incident binder to ensure all incidents requiring an Act 13 were complete.
on 5/22/22 The incident was reviewed, Abuse and Neglect and Incident Reporting training was provided to all staff by the Executive Director at the monthly Town Hall Meeting.
5/26/22 Staff B received 1:1 coaching as well as a corrective action discipline for failure to report suspected allegation of abuse immediately.
The Act 13 form will be completed by the Executive Director for reportable incidents that require an Act 13 report be submitted, until all Coordinators are trained.
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 review reportable incidents daily to confirm that if an Act 13 was required, it was submitted timely.
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 s 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: *08/10/2022*

Implemented [redacted] - 12/14/2022)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

The staff in the home are waking resident #1 and resident #2 up between the hours of 2 am to 6 am to provide personal care. Resident #1 made a complaint about this practice. The home advised this process would stop. Resident #1, reported the home did not eliminate this practice and [redacted] was woken up on 6/22/22 during the hours aforementioned above. The home failed to respect the rights of the resident.

POC Submission ***Accept***

On 5/25/22 The incident was reviewed at the Town Hall meeting and training on Residents' Rights and incidents reporting was provided.
on 6/23/22 The care plans for residents #1 and #2 were reviewed and updated to reflect their choice to not be disturbed in the wee hours of the night to receive personal care.
on 6/30/22 The incident was reviewed at the Town Hall meeting and training on Residents' Rights and Incidents Reporting was provided.
n 7/28/22 The ED provided additional training on Resident Rights, Safe Management Techniques, behavioral Expressions, Validation Techniques and Abuse Reporting procedures at the monthly Town Hall Meeting.
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

42c - Treatment of Residents (continued)

t 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 scheduled QAPI 8/31/22.

Licensee's Plan Completion Date: *08/10/2022*

Implemented [redacted] 12/14/2022)