

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

December 14, 2022

[REDACTED]
WELLTOWER OPCO GROUP LLC
[REDACTED]
[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 07/15/2022, 08/03/2022 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: I-2 **Date:** 06/18/1998 **Issued By:** Whitemarsh Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/03/2022

Inspection Dates and Department Representative

07/15/2022 - On-Site: [REDACTED]
08/03/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 105 **Re ident Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 25 **Re ident Served:** 13

Hospice

Current Re ident : 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 2

Inspections / Reviews

07/15/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/15/2022

Inspections / Reviews *(continued)*

11/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2022

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

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] 2022, at approximately [redacted] a.m., staff person A allegedly witnessed staff person B wiping resident [redacted] too hard and smacking resident 1 twice when the resident held staff person B hand due to pain. [redacted]. This incident was observed by staff person A and reported to staff person C by phone on 07/08/22 before staff person A finished [redacted] shift at 7:00 a.m. Staff person A finished [redacted] shift and went home without reporting the incident to a manager or supervisor. This abuse allegation was not reported to the Executive Director or any manager by Staff person A or Staff person C until the afternoon on 07/08/22, when staff person A returned to work.

On [redacted] 2022, at approximately [redacted] pm, staff person A reported that a week ago [redacted] observed staff person D hit resident 2, causing [redacted] to fall to the floor. Staff person D stated "I hope you die".

POC Submission

Accept

[redacted]/22 Upon knowledge of the incident, the Executive Director (ED) immediately commenced an investigation and reported both incidents to AAA, the police, and Department of Human Services (DHS). Staff person A, B, C and D were immediately placed on administrative leave pending investigation.

[redacted]/22The ED reviewed all prior reported incidents from the prior three months to ensure all necessary incidents were reported in accordance with OAPSA.

[redacted]/22 and [redacted]/22 The Resident Care Director (RCD) conducted OAPSA reporting requirements with all staff persons during mandatory meetings.

The ED and/or designee will review any reportable incident during daily interdisciplinary meeting to ensure all necessary incidents are reported in accordance with OAPSA including the Act 13 form which will be completed by the ED 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.

8/30/22 The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance

Licensee's Plan Completion Date: 08/15/2022

Implemented [redacted] - 12/14/2022)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information". The Privacy Rule protects all

18 - Compliance With Laws (continued)

"individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. "Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Staff persons A and E recorded resident 3 without [redacted] permission. The video recording of resident 3 was posted on social media [redacted], invading the resident's privacy. Staff persons A and E were invading resident 3's privacy [redacted]

POC Submission

Accept

8/15/22 We respectfully request that violation of regulation 2600.18 be withdrawn. Please note the facility is a private pay facility with no electronic payments, and therefore HIPAA does not apply. All aspects of the residents' rights to privacy and the facility's remedial measures have been addressed in the plan of correction for 2600.42s. All staff persons are trained on HIPAA requirements, privacy and confidentiality upon hire and annually.

f withdraw request not approved, see plan of correction below:

7/8/22 Upon knowledge of the incident, the ED immediately commenced an investigation and reported the incident to AAA, the police, and DHS. Staff persons A, B and E were immediately placed on administrative leave and were terminated upon conclusion of the investigation.

The ED discussed resident rights during monthly Resident Council Meeting and informed residents of process to report any concerns to leadership team and ED.

7/28/22 The ED conducted training during monthly Town Hall Meeting for all staff persons on a resident's right to be treated with dignity and respect as well as the resident's right to privacy including but not limited to having their information recorded and/or shared on social media.

The care coordinators will conduct random observations of care over the course of the next three months. The care coordinators will also observe that staff persons are not utilizing cell phones in areas of resident care.

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. QAPI 8/30/22

Licensee's Plan Completion Date: 08/15/2022

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

Resident 1 was not treated with respect and dignity when staff person B provided care and used an intimidating tone of voice towards the resident.

42c - Treatment of Residents (continued)

Resident 3 was not treated with respect and dignity when staff persons A and E recorded [REDACTED] while receiving care from staff person A.

POC Submission

Accept

7/8/22 Upon knowledge of the incident, the ED immediately commenced an investigation and reported the incident to AAA, the police, and DHS. Staff persons A, B and E were immediately placed on administrative leave and were terminated upon conclusion of the investigation.
7/21/22 The ED discussed resident rights during monthly Resident Council Meeting and informed residents of process to report any concerns to leadership team and ED.
7/28/22 The ED conducted training during monthly Town Hall Meeting for all staff persons on a resident's right to be treated with dignity and respect as well as the resident's right to privacy including but not limited to having their information recorded and/or shared on social media.
The care coordinators will conduct random observations of care over the course of the next three months. 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. QAPI 8/30/22

Licensee's Plan Completion Date: 08/15/2022

Implemented [REDACTED] 12/14/2022)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff persons A and E recorded resident 1 and resident 3 without their permission. The video recording of resident 3 was posted on social media [REDACTED], infringing on the resident's right to privacy. Residents 1 and 3 were not given privacy by staff persons A and E while they were receiving care.

POC Submission

Accept

7/8/22 Upon knowledge of the incident, the ED immediately commenced an investigation and reported the incident to AAA, the police, and DHS. Staff persons A, B and E were immediately placed on administrative leave and were terminated upon conclusion of the investigation.
7/21/22The ED discussed resident rights during monthly Resident Council Meeting and informed residents of process to report any concerns to leadership team and ED.
7/28/22 The ED conducted training during monthly Town Hall Meeting for all staff persons on a resident's right to be treated with dignity and respect as well as the resident's right to privacy including but not limited to having their information recorded and/or shared on social media.
The care coordinators will conduct random observations of care over the course of the next three months. The care coordinators will also observe that staff persons are not utilizing cell phones in areas of resident care. The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the

42s - Privacy (continued)

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.

Licensee's Plan Completion Date: 08/15/2022

Implemented [redacted] 12/14/2022)

252 - Record Content

5. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Residents 1, 2, and 3 records do not include a record of the incident report for the individual resident.

POC Submission

Accept

7/15/22 The ED placed a copy of the reportable incident report for resident 1, 2, and 3 in their resident record.

7/18/22 An audit was conducted of all reportable incidents for the prior three months to ensure a copy of the incident reports were included in the resident records.

7/28/22 The ED conducted training with the care coordinators and RCD on requirement of having reportable incidents included in a resident's record.

The ED or designee will conduct a monthly audit of the reportable incidents to ensure a copy has been placed in the residents' records.

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. QAPI 8/30/22

Licensee's Plan Completion Date: 08/15/2022

Implemented [redacted] - 12/14/2022)