

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

January 26, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[REDACTED]

RE: SUNRISE OF NEWTOWN SQUARE  
333 SOUTH NEWTOWN STREET  
ROAD  
NEWTOWN SQUARE, PA, 19073  
LICENSE/COC#: 14326

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2022 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 NEWTOWN SQUARE* License #: *14326* License Expiration: *12/15/2023*  
 Address: *333 SOUTH NEWTOWN STREET ROAD, NEWTOWN SQUARE, PA 19073*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *106* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/01/2022*

**Inspection Dates and Department Representative**

12/01/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *104* Residents Served: *67*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reminiscence* Capacity: *26* Residents Served: *21*

Hospice  
 Current Residents: *x*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *39* Have Physical Disability: *0*

**Inspections / Reviews**

12/01/2022 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2022*

12/22/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/22/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2022*

Inspections / Reviews *(continued)*

12/23/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/23/2023

01/26/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

There are about 6 residents who need two person assistance for transfer on the personal care side of the home excluding the memory care unit: 3 on the 1st floor, 2 on the 2nd floor, and 1 on the 3rd floor. Only 2 residents (a married couple and one of them needs 2 person assistance for transfer) reside on the 3rd floor. Sample daily assignment sheet for day shift on [REDACTED] shows 4 care managers covering 45 residents: 2 care managers on the 2nd floor covering 25 residents (2 residents with 2 person assistance needs) and 2 care managers for the 1st and 3rd floor (total of 4 residents with 2 person assistance needs). The call bell log for [REDACTED] shows a long response time during the day shift (07:00 AM~03:00 PM): more than 60 minutes and in extreme cases almost 300 minutes) for both 1 person assistance and 2 person assistance need residents, including resident #1, #2, #3, #4, #5, #6, and #7. Management explains this delay in terms of staff sometimes forgetting to clear the pendant, However, according to staff interviews, some delays are due to two staff being tied up with one resident for a long stretch of time (talking the resident into getting into a shower, showering, dressing, and so on). During the overnight shift of [REDACTED], only 1 care manager was scheduled on the PC floor and 2 care managers on the MC floor, with a medication staff who covered both PC and MC floors.

Plan of Correction

Accept [REDACTED] - 12/23/2022)

12/2/22-The schedule was reviewed to meet the needs of the resident. The 11pm to 7am Medication Care Managers are assigned a group of residents they are responsible for providing care for during the shift due to the low number of medication administration that is needed during these hours.

The Executive Director provided an in-service to the Personal Care Coordinator (PCC) and the Reminiscence Coordinator (RC) on 12/2/22 on scheduling enough staff person per shift based on the resident’s needs. The PC and RC will in-service team members on responding to call bells timely and/or how to reset call bells once it has been responded to by 12/23/22.

12/2/22-The Executive Director (ED), the PCC and the RC will monitor staffing and the schedule daily to meet the resident’s needs for up to 3 months to ensure compliance.

12/15/22-This Plan of Correction will be discussed and evaluated monthly (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [REDACTED] - 01/26/2023)

187b Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**187b Date/Time of Medication Admin. (continued)****Description of Violation**

Resident #1 is prescribed [REDACTED]. The resident's [REDACTED] medication administration record (MAR) does not include the initials of the staff person who administered this med on [REDACTED]. The same resident is prescribed [REDACTED]. The resident's November MAR does not include the initials of the staff person who administered these meds on [REDACTED].

Resident #8 is prescribed [REDACTED]. However, the resident's November MAR does not include the initials of the staff person who administered it on [REDACTED].

**Plan of Correction****Accept ( [REDACTED] - 12/23/2022)**

12/2/22 Resident #1 and #8 was assessed by the Resident Care Director (RCD) and the resident did not have any adverse effects.

The Resident Care Director (RCD) provided an in service on 12/2/22 on medication administration practices, specifically documenting upon administration of a medication.

12/5/22 The RCD will monitor the medication dashboard daily to verify that all medications administered were signed as administered for 3 months to verify compliance.

12/15/22 The ED randomly audits the MAR monthly (for up to 3 months) to verify that all medications administered were signed as administered.

12/15/22 This Plan of Correction will be discussed and evaluated monthly (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

**Licensee's Proposed Overall Completion Date:** 12/22/2022

**Implemented ( [REDACTED] - 01/26/2023)**