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

March 17, 2023

[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 12/13/2022, 12/14/2022 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* **License #**: *14324* **License Expiration**: *12/15/2023*

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**: *76* **Waking Staff**: *57*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *12/14/2022*

Inspection Dates and Department Representative

12/13/2022 - On-Site: [redacted]

12/14/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *47*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscene* **Capacity**: *25* **Residents Served**: *11*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *2*

Inspections / Reviews

12/13/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/01/2023*

01/05/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/01/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/10/2023*

Inspections / Reviews *(continued)*

01/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/01/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/10/2023*

03/17/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/01/2023*

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

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted]22, for resident #1 indicates the resident requires assistance with bladder and bowel management. On [redacted]2022, the resident did not receive this assistance as required. Staff member A and staff member B reported that, during the overnight shift, they did not provide any care to resident #1. Staff member A stated that [redacted] must do rounds at 11pm, 1am and 3am and [redacted] only checks on the resident at 11pm. On 11/25/22, a private duty aid reported to management that resident #1 was saturated in urine and the bed pad was soaking wet and cold. According to Resident #1's support plan dated [redacted]/22, the home is required to provide the resident with continence care after each incontinence episode.

Plan of Correction ***Accept ([redacted] - 01/12/2023)***

Upon notification of the incident, both Staff Member A and B were immediately placed on administrative leave and subsequently, at the conclusion of the investigation, have been working under an approved plan of supervision since the incident occurred on [redacted]/2022.

Staff Members A and B have received individual retraining on [redacted]/2022 from the Executive Director and Resident Care Director in providing each resident with assistance with ADLs and personal hygiene as indicated in the resident's assessment and support plan prior to returning to work under supervision on [redacted]/2022.

All Team Members will receive retraining from the Executive Director or Resident Care Director in providing each resident with assistance with ADLs and personal hygiene as indicated in the resident's assessment and support plan. Training will occur on or before 2/28/2023.

Audits of resident care documentation will occur weekly for a period of 3 months to ensure that there are no discrepancies between care being received by the resident and what is documented in the resident's support plan. The Reminiscence Coordinator and Resident Care Director will be responsible for the weekly documentation audits and any subsequent follow-up with residents and/or team members based on the findings.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented [redacted] - 03/17/2023)

24 - Personal Hygiene

2. Requirements

2600.
24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:
    4. Dressing, undressing and care of clothes.

24 - Personal Hygiene *(continued)*

Description of Violation

The assessment and support plan, dated [redacted]/22, for resident #1 indicates the resident requires assistance with dressing, undressing and care of clothes. On [redacted]22, the resident did not receive assistance as required. On [redacted]22 at [redacted]am, a private duty aid found resident#1 saturated in urine and wearing the same clothes from previous day. Per staff member A and staff member B statement, during the overnight shift they checked on resident #1 at 11pm, they were coming back to change her clothes, but they failed to complete task.

Plan of Correction ***Accept ([redacted] - 01/12/2023)***

Upon notification of the incident, both Staff Member A and B were immediately placed on administrative leave and subsequently, at the conclusion of the investigation, have been working under an approved plan of supervision since the incident occurred on [redacted]/2022.

Staff Members A and B have received individual retraining on [redacted]/2022 from the Executive Director and Resident Care Director in providing each resident with assistance with ADLs and personal hygiene as indicated in the resident's assessment and support plan prior to returning to work under supervision.
All Team Members will receive retraining from the Executive Director or Resident Care Director in providing each resident with assistance with ADLs and personal hygiene as indicated in the resident's assessment and support plan. Training will occur on or before 2/28/2023.

Audits of resident care documentation will occur weekly for a period of 3 months to ensure that there are no discrepancies between care being received by the resident and what is documented in the resident's support plan. The Reminiscence Coordinator and Resident Care Director will be responsible for the weekly documentation audits and any subsequent follow-up with residents and/or team members based on the findings.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented ([redacted] - 03/17/2023)

42c - Treatment of Residents

3. Requirements

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

Description of Violation

On [redacted]/22 at 1[redacted]am, resident #2 rang the call bell to go to sleep. The resident utilizes wheelchair for mobility and requires assistance with transferring from the wheelchair to the bed. Resident #2 uses a "PureWick collection system", an external catheter, to extract urine. A staff person that the resident did not recognize entered the resident's room. When the resident asked the staff member for [redacted] name, staff member C did not answer. Resident #2 asked [redacted] one more time and staff member C responded in a nasty way "My name is [redacted] " However, this is not the staff person's name. Resident #2 proceeded to ask Staff member C if [redacted] ever used the "PureWick" to extract the urine. Staff member C responded by hollering that [redacted] knows what [redacted] is doing and has done it for years. Resident #2 was offended and did not bother [redacted] anymore.

42c - Treatment of Residents (continued)

Staff member D took over the care when staff member C was hollering at resident #2. Staff member D started undressing resident #2 roughly. The resident felt uncomfortable but did not say anything to the staff person about the treatment.

Plan of Correction ***Accept (- 01/12/2023)***

Upon notification of the incident, both Staff Member C and D were immediately placed on administrative leave and subsequently, at the conclusion of the investigation, were terminated from employment on /2022 by the Executive Director.

All Team Members will receive retraining regarding resident's rights, treating residents with dignity and respect. Training will occur on or before 2/28/2023 by the Executive Director and Resident Care Director.

Resident's Rights will be discussed in the Resident Council meeting with all residents to occur on or before 2/28/2023. Topics will include Resident's Rights, Role of Ombudsman and Process for filing a Complaint. Executive Director, Reminiscence Coordinator and Resident Care Coordinator will continue ongoing formal and informal meetings with residents and families to ensure any service-related issues are addressed in accordance with complaint procedures and incidents filed timely as warranted.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented 03/17/2023)

125a - Combustible Storage

4. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Cardboard boxes were stored in the boiler room.

Plan of Correction ***Accept (/12/2023)***

Upon discovery during the licensing inspection of the cardboard boxes being stored in the penthouse the Maintenance Coordinator removed the cardboard boxes immediately on 12/14/2022. The Maintenance Coordinator was under the impression that carboard could not be stored directly next to the boiler, but that it could be within the same room. This understanding has been clarified that although the penthouse area is large, there can be no combustible materials stored within that space at any time.
Ongoing the Maintenance Coordinator will be checking this area for any incorrectly stored items, including storage of cardboard boxes, during the monthly building audit to verify compliance. This will begin in January 2023 and continue on an ongoing monthly basis.
The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

125a - Combustible Storage (continued)

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented (- 03/17/2023)

131f - Fire Extinguisher Inspection

5. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 1st floor high side has not been inspected by a fire safety expert since 11/2021.
The fire extinguisher in the 2nd floor center has not been inspected by a fire safety expert since 11/2021.
The fire extinguisher in the 3rd floor low side has not been inspected by a fire safety expert since 11/2021.
The fire extinguisher in the 3rd floor center has not been inspected by a fire safety expert since 11/2021.

Plan of Correction ***Accept (- 01/12/2023)***

Upon discovery of the violation on 12.the Maintenance Coordinator reached out to the third-party fire inspection company to inspect the fire extinguishers.
The below fire extinguishers were inspected on 11/21/2023 and found to need hydrotesting. Remediation was scheduled and on 12/19/2022 the following fire extinguishers were replaced by Empire Fire:
• The fire extinguisher in the 1st floor high side.
• The fire extinguisher in the 2nd floor center.
• The fire extinguisher in the 3rd floor low side.
• The fire extinguisher in the 3rd floor center.
The Maintenance Coordinator (MC) audits the fire extinguisher inspection dates monthly and schedules the inspection in advance to ensure the fire extinguishers are inspected timely. This audit will begin in January 2023 and continue on an ongoing monthly basis.
The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented (- 03/17/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

At night, resident #2 experiences bladder incontinence. The home has employed the use of an external catheter which is documented in the support plan. However, there is no physician's order for the use of this device.

Plan of Correction ***Accept - 01/12/2023)***

With the assistance of family, resident #2 purchased the external catheter on own and without consultation

187d - Follow Prescriber's Orders (continued)

from [redacted] physician as an assistive device to help [redacted] obtain quality sleep. Resident #2's physician, noting that this is resident preference and choice, wrote an order for the use of this external catheter device on 12/15/22 after discussion with the resident's team. This order has been received placed in the resident chart.

All Team Members providing care will be retrained in the use of external catheter specific to resident #2 on or before 2/28/2023 by the Resident Care Director.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented ([redacted] - 03/17/2023)

227h - Support Plan Refuse Sign

7. 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 #3 participated in the development of his/her support plan on [redacted]/22. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction ***Accept ([redacted] - 01/12/2023)***

Upon discovery of the missing signature on [redacted]/2022 the ISP was reviewed with resident #3 by the Executive Director and an attempt was made to obtain a signature, however the resident is unable to sign and this was documented on the form.

On [redacted]/22 an audit of resident support plan meeting forms was completed by the Resident Care Director and Reminiscence Coordinator to verify that a signature was obtained or if a resident or designated person, who participated in the review of the support plan, was unable or chose not to sign the support plan, a notation of inability or refusal was documented. No further issues or concerns were found.

The Resident Care Director, the Reminiscence and the Personal Care Coordinators were retrained on the need to obtain a signature from the resident or responsible party or if a resident or designated person is unable or chooses not to sign the support plan, to make a notation of inability or refusal by the Executive Director on 12/27/2022. Ongoing audits of the resident support plan meeting forms will occur monthly by the Resident Care Director and Reminiscence Coordinator for a period of three months to verify compliance with the regulation moving forward. The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. The POC will be reviewed at the QAPI meeting in February 2023.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented [redacted] - 03/17/2023)