

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

May 4, 2023

[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 03/07/2023 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: *1 2* Date: *06/18/1998* Issued By: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/07/2023*

Inspection Dates and Department Representative

03/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *105* Residents Served: *45*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *12*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *2*

Inspections / Reviews

03/07/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2023*

03/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/04/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/04/2023*

Inspections / Reviews *(continued)*

04/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/05/2023

05/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed [redacted] The directions printed on the pharmacy label do not match the medication administration record (MAR) directions. Pharmacy label indicates to administered medication every twelve hours; MAR directions indicate to administer medication twice a day. On [redacted]/23 medication was administered at 5pm and on [redacted] 23 at 9am, more than 12 hours has passed before medication was administered.

Plan of Correction

Accept [redacted] - 04/05/2023)

On 3/24/2023, the Resident Care Director (RCD) conducted an audit of all MARs since 1/1/23 to ensure there was no discrepancy between prescription labels and the MARs. No additional issues were noted.

The RCD provided training to Wellness Nurses and medication care managers on proper administration of medication utilizing the five rights of administration and regulation 184a. on 3/23/2023

Beginning 3/27/2023 the RCD or designee will monitor and audit weekly to ensure there is no discrepancy between the medication label and the MARs weekly ongoing.

The POC and monitoring process will be discussed during monthly QAPI meetings beginning in April 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.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 05/04/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] .5mg tab twice a day and .5mg every 4 hours as needed. Resident #1 has another prescribed order for [redacted] 2mg/ml to give .25 ml (.5mg) by mouth or under the tongue every 4 hours as needed [redacted]. However, resident #1 was administered L [redacted] .5 mg tab on [redacted] at 9am was pulled at 8:19am and 5pm was pulled from blister pack at 4:56pm. However, resident#1 was administered .5mg tab at 3:21pm and at 7:52pm. Also, resident#1 was administered [redacted] .25ml at 11:04am. Prn's medication was given less than four hours after straight order.

Plan of Correction

Accept [redacted] - 04/05/2023)

The RCD provided training to Wellness Nurses and medication care managers on proper administration of medication utilizing the five rights of administration and regulation 184 on 3/23/2023.

187d - Follow Prescriber's Orders (continued)

On 3/24/2023, the RCD conducted an audit for all residents who have standing orders and PRN orders of the same medication to ensure there is clarification by the prescribing physician for each order in relation to one another. Beginning with the audit on 3/24/2023 the RCD or designee will continue to monitor weekly to ensure there is no discrepancy moving forward on an ongoing basis.

The POC and monitoring process will be discussed during monthly QAPI meetings beginning in April 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.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 05/04/2023)

227h - Support Plan Refuse Sign

3. 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 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] - 04/05/2023)

On 3/23/2023 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.

On 3/23/2023 Resident Care Director, the Reminiscence and the Personal Care Coordinators were retrained by the Executive Director 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.

The audit which began on 3/23/2023 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 beginning in April 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.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 05/04/2023)