

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

April 17, 2023

[REDACTED]
WELLTOWER OPCO GROUP LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF NORTH WALES
1419 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14806

Dear Kerri [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2023 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 NORTH WALES* License #: *14806* License Expiration: *11/04/2023*
 Address: *1419 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/21/2012* Issued By: *Horsham Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/09/2023*

Inspection Dates and Department Representative

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Rem* Capacity: *58* Residents Served: *23*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

03/09/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2023*

03/31/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/14/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/15/2023*

Inspections / Reviews *(continued)*

04/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On [REDACTED], Resident #1 was seen by a physician with a chief complaint of Depression Resident #1 is diagnosed with Major Depressive Disorder (MDD). The resident's support plan dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept (CM - 03/31/2023)

Resident Care Director (RCD) updated Resident #1 support plan with Major Depressive Disorder diagnosis and updated treatment plan on [REDACTED].

Executive Director (ED) educated RCD on updating support plan with diagnosis and treatment when a diagnosis is added or changed [REDACTED].

RCD and Wellness Nurses (WN) to audit all charts for diagnosis additions or changes to ensure proper treatment is documented on 3/22/23.

RCD and WN will review physician visit notes to ensure changes have been updated in the service plan and treatment is documented on 3/22/23 and on going.

The Plan of Corrections (POC) and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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 on 4/11/23 and for up to 3 months.

Licensee's Proposed Overall Completion Date: 04/11/2023

Implemented (CM - 04/17/2023)

227h - Support Plan Refuse Sign

2. 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]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Repeat Violation 06/06/22.

Plan of Correction

Accept (CM - 03/31/2023)

Personal Care Coordinator (PCC) reached out to Resident #1 POA on [REDACTED] for support plan meeting for the SEHA completed on [REDACTED]. Unsuccessful in reaching Power of Attorney (POA) by phone. Reviewed and had Resident #1 sign support plan on [REDACTED] when [REDACTED] returned from hospital.

PCC, Reminiscence Coordinator (RC), ED, RCD and Senior Resident Care Director (Sr. RCD) audited all support plans on 3/13/23 to ensure that the signature has been documented. In the absence of the signature page

227h - Support Plan Refuse Sign (continued)

documentation, the PCC or RC set up support plan meeting with the resident and responsible party to review and document the signature page.

Sr. RCD educated PCC, RC and RCD on completing support plan meetings and documenting with signatures from the residents/responsible party on 3/13/23.

PCC, RC, ED and RCD will review opened SEHAs during clinical meeting, complete support plans and immediately set up a support plan meeting to review with the resident and the responsible party. At the time of the meeting, the support plan signature page will be completed and placed in the resident's wellness chart on 3/13/23 and on going. The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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 on 4/11/23 and for up to 3 months.

Licensee's Proposed Overall Completion Date: 04/11/2023

Implemented (CM - 04/17/2023)