

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

May 26, 2023

[REDACTED], EXECUTIVE DIRECTOR  
WELLTOWER OPCO GROUP LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2023, 05/03/2023, 05/04/2023 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: [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: *110* Waking Staff: *83*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *05/04/2023*

**Inspection Dates and Department Representative**

05/01/2023 - On-Site: [REDACTED]  
 05/03/2023 - Off-Site: [REDACTED]  
 05/04/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *92* Residents Served: *73*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reminence* Capacity: *58* Residents Served: *23*  
 Hospice  
 Current Residents: *6*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *37* Have Physical Disability: *0*

**Inspections / Reviews**

05/01/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2023*

Inspections / Reviews (*continued*)

05/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/25/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/25/2023

05/26/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/25/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], staff person A observed staff person B yelling at resident 1 and calling resident 1 a Bitch. Staff person B also stated "I don't like this bitch" "this bitch can't do shit". Staff person B stated [REDACTED] was going to leave the resident on the toilet. Staff person A reported this to staff person C on [REDACTED]. The home did not report this incident to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/22/2023)

On [REDACTED], the ED submitted the reportable incident to Department of Human Services.

On [REDACTED], the ED reviewed all reportable incidents since January to confirm that no additional reports should have been reported to the Department of Human Services.

On [REDACTED], the ED provided training to the leadership team regarding the procedure on reporting suspected abuse of residents to the Department of Human Services timely.

On [REDACTED] the ED, RCD, PCC and RC reviewed and provided training on identifying and preventing abuse, neglect, and exploitation, and reporting requirements with direct care staff.

Starting [REDACTED] and daily, the ED and/or designee reviews any allegations of suspected abuse to verify reports were submitted to the Department of Human Services.

Starting [REDACTED] and for the next three months, during the monthly Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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: 05/20/2023

Implemented [REDACTED] - 05/26/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED] staff person A observed staff person B yelling about resident 1 in the residents room while providing care. Staff person B stated that "I can't stand this bitch" and "this bitch can't do shit". Staff person B also asked staff person A when they arrived to check on Resident 1, "if they were scared for this bitch".

42c Treatment of Residents (continued)

Plan of Correction

Accept (█ - 05/22/2023)

On █, Staff Person A intervene upon arriving to check on Resident 1 and ensured that Staff Person B left the resident's room out of concern for the resident being treated with dignity and respect.

On █, staff Person B was placed on administrative leave; staff person B is no longer employed by the personal care home.

On █, the Executive Director (ED) submitted the reportable incident to Department of Human Services.

On █ the ED, Resident Care Director (RCD), Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) provided training resident rights with direct care staff and reviewed the complete list of rights specifically highlighting the right to communicate privately, treatment with respect and dignity, and the right to privacy.

On █, all team members were trained on dementia and validation by the Activities and Volunteer Coordinator (AVC). Validation is a technique used to effectively and respectfully communicate with individuals with cognitive impairment.

Starting on █, the RC and/or designee will conduct daily walk through and monitoring of staff persons to observe staff members communicating with residents and ensure residents are being treated with dignity and respect.

Starting █ and for the next three months, during the monthly Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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: 05/20/2023

Implemented (█ - 05/26/2023)

42s - Privacy

3. 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

On █ staff person A recorded an Incident involving staff person B and resident 1. Staff person B was saying that "I can't stand this bitch" and that "this bitch can't do shit". Staff person A recorded the event with their cell phone.

Plan of Correction

Accept (█ - 05/22/2023)

On █, Staff Person A intervene upon arriving to check on Resident 1 and ensured that Staff Person B left the resident's room out of concern for the resident being treated with dignity and respect.

On █, staff Person B was placed on administrative leave; staff person B is no longer employed by the personal care home.

On █, the ED submitted the reportable incident to Department of Human Services.

On █ the ED, RCD, PCC and RC provided training resident rights with direct care staff and reviewed the complete list of rights specifically highlighting the right to communicate privately, treatment with respect and dignity, and the right to privacy.

On █, the ED, RCD, PCC and RC reviewed and provided training to direct care staff regarding no taking

42s Privacy (continued)

photographs, recording visual images or accessing or using social media in resident and common areas, staff to resident communication, providing residents privacy to self and possessions during bathing, dressing, changing and medical procedures.

Starting on 4/26/23, the RC and/or designee will conduct daily walk through and monitoring of staff persons to ensure staff members are not utilizing cell phones or accessing social media in resident and/or common areas of the personal care home.

Starting 5/9/23 and for the next three months, during the monthly Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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: 05/20/2023

Implemented [REDACTED] - 05/26/2023)