

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

August 18, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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 06/16/2023, 06/20/2023, 06/26/2023 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]

Certificate(s) of Occupancy

Type: I-2 **Date:** 06/18/1998 **Issued By:** Whitmarsh Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 99 **Waking Staff:** 74

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 06/26/2023

Inspection Dates and Department Representative

06/16/2023 - On-Site: [REDACTED]
06/20/2023 - Off-Site: [REDACTED]
06/26/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 105 **Residents Served:** 60

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 25 **Residents Served:** 18

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

06/16/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/23/2023

Inspections / Reviews (*continued*)

07/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/05/2023

08/08/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2023

08/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1's file contains progress notes that indicate that resident experiences increased restlessness, requiring significant encouragement for activities of daily living and while around in the home. Resident 1 would often enter other residents' rooms, climb into their beds, remove their own clothing in common areas and required frequent staff intervention for redirection. On [REDACTED], Resident 1 became agitated and engaged in a physical altercation with a staff member. On [REDACTED] Resident 1 continued to exhibit physically and verbally aggressive behavior towards others.

Resident 2 also has a behavioral need relating to aggressive behavior towards other residents. Resident 2's file contains progress notes regarding resident's history of striking other residents including on 5/23/23, and the resident's current support plan indicates that resident 2 has severe behavioral needs, poor safety awareness and requires frequent redirection and a daily display of aggression towards others.

Resident 1 and 2 shared a suite. On [REDACTED], at approximately [REDACTED], Staff person A noticed a skin tear on Resident 1's left forearm as they entered the common living room area. This prompted Staff person A to check their shared suite, where Staff person A discovered Resident 2 sitting on Resident 1's bed with bleeding from their nose and mouth.

Additionally, Resident 2 had cuts on their eyebrow and scratches below their eyes. In the room, there was a bloody decorative plate or ceramic ashtray that appeared to have been used by Resident 1 to strike Resident 2. Staff person A called another care manager for assistance and dialed 911 for both residents. Subsequently, they were transported to different hospitals for evaluation and treatment.

Prior to the incident on [REDACTED], both residents displayed aggressive behavior towards other residents and staff members. However, the home failed to report these behavioral changes to the physician and neglected the safety of residents by having them together in the same room.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

Resident #1 no longer resides at the community.

Resident #2 no longer resides at the community.

On 6/28/2023 the ED conducted training during monthly Town Hall Meeting for all staff persons on a resident's right to be treated with dignity and respect as well as the resident's right to privacy including but not limited to having being free from any type of abuse and neglect.

Resident rights was also discussed in Resident Council Meeting beginning on 6/27/2023 and will continue as part of the monthly agenda over the course of the next three months.

All care team members will be retrained in Behaviors Related to Dementia on or before 8/25/2023.

All nurses and management team members will be retrained in reporting behavioral changes to the resident's physician as they occur no later than 8/25/2023.

The Executive Director or designee will maintain continued compliance through resident observation and ongoing conversations with team members to begin in September 2023 and continue ongoing.

42b - Abuse (continued)

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months beginning in September 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: 08/25/2023

Implemented () - 08/18/2023

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On (), at approximately () Staff person B, Staff person C, and Staff person D were in the Reminiscence office, preparing for the 3-11 PM shift. They were having a discussion about care in Reminiscence and the need for two people to assist Resident 2 during changing, as they could be combative at times.

During the conversation, Staff person B mentioned the AM care provided on 5/14/23 with another care manager for Resident 2. Staff person B stated, "I'm not gonna lie, I had to pop that nigga." Immediately, Staff person C and Staff person D contacted the coordinator and the administrator to report the incident. Later, around 9 PM, Staff person B was suspended and left the building pending the outcome of the investigation.

On (), Staff person B was terminated due to engaging in behavior that was in violation of the home policy.

Plan of Correction

Accept () - 08/08/2023

Resident #2 no longer resides at the community.

On 6/28/2023 the ED conducted training during monthly Town Hall Meeting for all staff persons on a resident's right to be treated with dignity and respect as well as the resident's right to privacy including but not limited to having being free from any type of abuse and neglect.

Resident rights was also discussed in Resident Council Meeting beginning on 6/27/2023 and will continue as part of the monthly agenda over the course of the next three months.

The Executive Director or designee will maintain continued compliance through resident observation and ongoing conversations with team members to begin in August 2023 and continue ongoing.

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.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented () - 08/18/2023

201 - Positive Interventions

3. Requirements

201 Positive Interventions (continued)

2600.

201. Safe Management Techniques The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident 1's file contains progress notes that indicate that resident experiences increased restlessness, requiring significant encouragement for activities of daily living and while around in the home. Resident 1 would often enter other residents' rooms, climb into their beds, remove their own clothing in common areas and required frequent staff intervention for redirection. On [REDACTED], Resident 1 became agitated and engaged in a physical altercation with a staff member. On [REDACTED], Resident 1 continued to exhibit physically and verbally aggressive behavior towards others.

Resident 2 has a behavioral need relating to aggressive behavior towards other residents. Resident 2's file contains progress notes regarding resident's history of striking other residents including on [REDACTED], and the resident's current support plan indicates that resident 2 has severe behavioral needs, poor safety awareness and requires frequent redirection by staff and a exhibits a daily display of aggression towards others.

The home has not implemented positive interventions to modify or eliminate the behaviors of residents 1 and 2 resulting in an incident of aggressive behavior and physical altercation between the two residents on 6/5/23 where resident 1 struck resident 2 with a plate or ashtray causing injury to resident 2.

Plan of Correction

Accept ([REDACTED] - 08/08/2023)

*Resident #1 no longer resides at the community.
Resident #2 no longer resides at the community.*

All ISPs for residents in the neighborhood with behaviors were reviewed and updated to include Safe Management techniques and interventions by 8/15/2023.

The Executive Director or designee will train all TMs on resident ISPs where there are changes by 8/25/2023.

Resident ISPs will be reviewed quarterly by the Resident Care Director and/or Reminiscence Coordinator to ensure that all resident's with identified behaviors have Safe Management techniques in place beginning September 2023 and ongoing.

The POC and monitoring process will be discussed during monthly QAPI meetings beginning in September 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: 08/25/2023

Implemented ([REDACTED] - 08/18/2023)