

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

January 4, 2024

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

RE: SUNRISE OF NEWTOWN SQUARE
333 SOUTH NEWTOWN STREET
ROAD
NEWTOWN SQUARE, PA, 19073
LICENSE/COC#: 14326

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2023, 10/30/2023 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 NEWTOWN SQUARE* License #: *14326* License Expiration: *12/15/2023*
 Address: *333 SOUTH NEWTOWN STREET ROAD, NEWTOWN SQUARE, PA 19073*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/20/2004* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *10/30/2023*

Inspection Dates and Department Representative

09/28/2023 - On-Site: [REDACTED]
 10/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *72*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *26* Residents Served: *21*

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

09/28/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/02/2023*

Inspections / Reviews *(continued)*

12/04/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/30/2023

01/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted], medication blister packs were unlocked, unattended, and accessible on top of the medication cart for the following residents :

- [redacted] for resident #1
- [redacted] Chewable Tablet for resident #2
- [redacted] Tablet for resident #3

Plan of Correction

Accept ([redacted] - 12/04/2023)

On 10/30/23 at the time of the inspection, the Resident Care Director discarded the empty blister packs in the shred bin.

On 10/30/23 and 11/29/23, the ED gave a training session on medication storage and medication destruction to RCD, medication technicians, and nurses.

Starting December 21, 2023, 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.

Proposed Overall Completion Date: 12/01/2023

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ([redacted] - 01/04/2024)

181d -Storing Medication

2. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #4 self-administers medications and stores medications in his/her room. On [redacted] at [redacted], there were several unlocked, unattended medications to include [redacted] liquid gel tablets, [redacted] gel capsules, [redacted] tablets, [redacted] 500-125mg tablets, and [redacted] cream on the top resident #4's dresser.

Plan of Correction

Accept ([redacted] - 12/04/2023)

On 11/3/23, RCD and wellness nurse completed an audit of residents that self-administer medications to verify all medications on resident record were stored correctly.

On 10/30/23 and 11/29/23, the ED gave a training session on medication storage to RCD, medication technicians,

181d Storing Medication (continued)

and nurses.

On 10/30/23 and 11/29/23, the ED gave a training session on notification to wellness and management of any medication unlocked in resident apartments to care managers and ancillary staff.

Monthly during wellness visits, residents who self administer will be evaluated monthly to ensure they are following packaging, to ensure their resident records are up to date, and to ensure they are safely able to continue to self medicate.

Starting December 21, 2023, 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.

Proposed Overall Completion Date: 12/01/2023

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [REDACTED] - 01/04/2024)

181e - Capable to Self Administer

3. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish his medication.

Description of Violation

Resident #4 self administers medications to include [REDACTED] and [REDACTED] On [REDACTED], resident #4 was self administering [REDACTED] liquid gel capsules in place of [REDACTED] cream in place of the [REDACTED].

Additionally, several pills were loose and identifiable in the resident's room. The resident's room also contained over the counter medications, such as [REDACTED] " and [REDACTED] " which is not prescribed by the physician.

Plan of Correction

Accept ([REDACTED] - 12/04/2023)

On 11/3/23, RCD and wellness nurse completed an audit of residents that self administer medications to verify all medications on resident record were updated.

On 10/30/23 and 11/29/23, the ED gave a training session on self administration to RCD, medication technician and nurses.

Monthly during wellness visits, residents who self administer will be evaluated monthly to ensure they are following packaging, to ensure their resident records are up to date, and to ensure they are safely able to continue to self medicate.

Starting December 21, 2023, and for the next three months, during the monthly Quality Assurance and

184a - Resident's Meds Labeled (continued)

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

Description of Violation

The pharmacy label for resident # 4's [REDACTED] tablet does not include a legible label. The label was faded and contained extraneous writing in black marker with the word "mix" and The words "[REDACTED]" written and crossed off twice. The medication inside of the bottle contained unidentifiable large tablets, which did not match the manufacturer's description for Lorazepam 1 mg tablets. The label indicates: "Discard after 08/09/2023"

Plan of Correction

Accept ([REDACTED] - 12/04/2023)

On 11/3/23, RCD and wellness nurse completed an audit of residents that self-administer medications to verify all medications on resident record were labeled.

On 10/30/23 and 11/29/23, the ED gave a training session on medication labels to RCD, medication technician and nurses.

Monthly during wellness visits, residents who self-administer will be evaluated monthly to ensure they are following packaging, to ensure their resident records are up to date, and to ensure they are safely able to continue to self-medicate.

Starting December 21, 2023, 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.

Proposed Overall Completion Date: 12/01/2023

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ([REDACTED] - 01/04/2024)