

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

December 21, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 12/05/2023 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: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *12/05/2023*

Inspection Dates and Department Representative

12/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *105* Residents Served: *64*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *19*

Hospice
 Current Residents: *12*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *43* Have Physical Disability: *1*

Inspections / Reviews

12/05/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2023*

12/21/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/21/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

12/21/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

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

Sometime around the second week of [REDACTED], Staff person A left Resident 1 on the toilet for 45 minutes, resulting in significant emotional distress for the resident. After this incident occurred, Resident 1 saw Staff person B in the hallway. Resident 1 told Staff person B, "They left me on the toilet for two hours. They don't come to cancel my call bell. But don't tell anyone." The staff person B did not report this anyone therefore the home did not report this incident to the department.

Plan of Correction

Accept [REDACTED] - 12/21/2023)

Upon receipt of the LIS report outlining the incident suspected to have occurred in November the ED immediately filed a reportable incident with DHS on [REDACTED]

On 12/13/2023 the ED conducted training during monthly Town Hall Meeting for all staff persons on the role of mandated reporters and mandatory reporting of resident incidents and resident reports of abuse, neglect and/or customer service issues.

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

Staff Person B was retrained as part of the Town Hall meeting on 12/13/2023 and was placed on a final written warning for failure to follow policy in regards to mandated reporting of resident incidents.

Licensee's Proposed Overall Completion Date: 12/21/2023

Supporting Documentation Attached.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented ([REDACTED] - 12/21/2023)

42b - Abuse

2. 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

Sometime during the second week of [REDACTED], Staff person A left Resident 1 on the toilet for 45 minutes, resulting in significant emotional distress for the resident. Resident 1's current support plan indicates that they need assistance with bowel and bladder incontinence and management, to which direct care staff are to assist. Resident 1

42b Abuse (continued)

discussed their experience with other residents, which Staff person A then became aware that resident 1 was discussing this incident with others.

On [REDACTED], during the [REDACTED], Staff person A brought Resident 1 into their room and proceeded to yell, saying, "Why did you tell everyone about me leaving you on the toilet? You shouldn't have done that." Staff person A then removed the leg rests from the the resident's wheelchair and threw them across the room. Subsequently, Staff person A then threatened to leave Resident 1 in the wheelchair all night unless the resident complied with their demands. This threatening behavior left the resident feeling intimidated. Resident 2, who lives next door to Resident 1, reported hearing two people yelling at each other from Resident 1's room during this time.

Plan of Correction**Accept [REDACTED] - 12/21/2023)**

Staff Person A's employment was terminated on 1 [REDACTED] as a result of the investigation.

On 12/13/2023 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 and participation in their care, including but not limited to, being free from any type of abuse and neglect.

Resident rights and was also discussed in the Resident Council Meeting on 12/19/2023 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 December 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: 12/21/2023

Supporting Documentation Attached.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented ([REDACTED] - 12/21/2023)