

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

July 8, 2024

[REDACTED]  
WELLTOWER OPCO GROUP LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2024 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: *11/04/2024*  
 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]  
 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: *107* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *06/03/2024*

**Inspection Dates and Department Representative**

*06/03/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *92* Residents Served: *69*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *27*

**Hospice**  
 Current Residents: *12*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *38* Have Physical Disability: *0*

**Inspections / Reviews**

**06/03/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2024*

**06/28/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *07/08/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/05/2024*

Inspections / Reviews (*continued*)

## 07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/05/2024

## 07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

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

On [REDACTED], at around 4:05 pm, Staff person A heard yelling while exiting the elevator to the secured dementia unit. Resident [REDACTED] was walking into another resident's room, and Staff person B was yelling, [REDACTED] at Resident [REDACTED]. When Staff person B caught up to Resident [REDACTED], they slapped Resident [REDACTED] on the left cheek with their right hand. Upon noticing Staff person A standing there, Staff person B patted Resident [REDACTED] on the back three times and redirected them down the hallway.

Plan of Correction

Accept [REDACTED] 06/28/2024)

On [REDACTED] Executive Director (ED) placed staff person B immediately on administrative leave during investigation. Resident was assessed by nursing same day, and it was determined the resident did not show any injury or any signs of distress.

On [REDACTED] ED performed an investigation. All TMs on the shift were interviewed. Staff person A and Staff person B were the only two in the area at the time of the event. The ED called the abuse into OAPS Hotline.

On [REDACTED] ED educated all staff on resident abuse and neglect. Manager on duty will continue to monitor the floor during shifts to ensure training is effective.

On [REDACTED] staff person B was terminated by the community.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter two and three on 6/30/2024 and 9/30/2024 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.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/08/2024)

201 - Positive Interventions

2. Requirements

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 [REDACTED] current assessment and support plan, dated [REDACTED] indicate that they need assistance with judgment and orientation. It specifies that they may require simple cues, prompts, and step-by-step directions to assist with decision-making. The support plan further states that staff should redirect Resident [REDACTED] with structured activities when they pace the floors. Staff person B did not utilize these safe management techniques or positive interventions when Resident [REDACTED] entered another resident's room. Instead, the staff person slapped Resident [REDACTED] on the face.

Plan of Correction

Accept [REDACTED] - 06/28/2024)

On [REDACTED] Executive Director (ED) placed staff person B immediately on administrative leave during investigation. Resident was assessed by nursing same day, and it was determined the resident did not show any

201 - Positive Interventions (continued)

*injury or any signs of distress.*

*On [REDACTED] ED performed an investigation. All TMs on the shift were interviewed. Staff person A and Staff person B were the only two in the area at the time of the event. The ED called the abuse into OAPS Hotline.*

*On [REDACTED] ED educated all staff on resident safe management techniques to modify or eliminate resident behaviors. Manager on duty will continue to monitor the floor during shifts to ensure training is effective.*

*Starting on [REDACTED] residents with behavioral symptoms of dementia will be reviewed weekly during interdisciplinary team meeting to ensure interventions are in place and effective.*

*On [REDACTED] staff person B was terminated by the community.*

*The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter two and three on [REDACTED] and [REDACTED] 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.*

**Licensee's Proposed Overall Completion Date: 06/30/2024**

**Implemented [REDACTED] - 07/08/2024)**