

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

August 13, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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 06/17/2024, 06/18/2024 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 NEWTOWN SQUARE License #: 14326 License Expiration: 12/15/2024
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]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/07/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 93 Waking Staff: 70

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/18/2024

Inspection Dates and Department Representative

06/17/2024 - On-Site: [Redacted]
06/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 Residents Served: 64

Secured Dementia Care Unit

In Home: Yes Area: REM Capacity: 26 Residents Served: 21

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

06/17/2024 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/20/2024

Inspections / Reviews *(continued)*

08/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/13/2024

08/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/18/2024, in the Memory Care Unit Kitchen there was sugar spilled in the bottom of the cabinet beneath the water dispenser and an unidentified spilled liquid substance that had dried on the lower cabinet across from the water dispenser.

Plan of Correction

Accept (█) - 08/08/2024

On 6/18/2024, staff immediately cleaned up spilled sugar and spilled liquid on cabinet.
On 6/26/2024 community had a maintenance blitz to deep clean the entire memory care unit kitchen.
On 6/26/2024 Memory Care staff members were reeducated to wipe down kitchen after each use. Maintenance Coordinator (MC) educated housekeeping to wipe down cabinets weekly.
Beginning on 6/26/24 the Lead Care Managers (LCM), Reminiscence Coordinator (RC) and MC will conduct a weekly audit for 4 weeks to ensure proper kitchen sanitation is being followed.
The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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.

Proposed Overall Completion Date: 07/24/2024

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented (█) - 08/13/2024

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/18/2024, in the Memory Care Unit lower kitchen, the counter beside and behind the water dispenser were sticky.

Plan of Correction

Accept (█) - 08/08/2024

On 6/18/2024 staff immediately cleaned area and conducted a walked through to ensure floors must be clean, in good repair and free of hazards.
On 6/26/2024 community had a maintenance blitz to deep clean the entire memory care unit kitchen.
Beginning on 6/26/24 the Lead Care Managers (LCM), Reminiscence Coordinator (RC) and MC will conduct a weekly audit for 4 weeks to ensure proper kitchen sanitation is being followed.

88a - Surfaces (continued)

On 6/26/2024 LCM, RC and MC to monitor that proper kitchen sanitation is being followed. The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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.

Proposed Overall Completion Date: 07/24/2024

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented () - 08/13/2024

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/18/2024, in the Memory Care Unit lower kitchen, the cabinet across from the water dispenser had a broken shelf. There was also the drawer piece broken off with a sharp corner and splinter.

Plan of Correction

Accept () - 08/08/2024

On 6/18/2024 MC immediately secured cabinet shelves and drawer.

On 6/26/2024 MC was educated by Executive Director (ED) on ensuring that all furniture and equipment is in good repair, clean and free of hazards.

Starting on 7/2/2024 MC and ED will monitor all furniture and equipment to ensure that it is in good repair, clean and free of hazards during weekly walk through for 4 weeks.

The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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: 07/30/2024

Implemented () - 08/13/2024

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

On 6/18/2024, in the main kitchen walk in refrigerator, there was a container of undated strawberries and there was a fuzz/mold on the strawberries.

Plan of Correction

Accept () - 08/08/2024)

On 6/18/2024 Dining Services Coordinator (DSC) immediately disposed of strawberries.

On 6/18/2024 DSC audited the dry pantry, freezer and refrigerator to ensure that all open food was dated properly.

On 6/18/2024 DSC to provide training to the dietary department about proper food storage.

On 6/19/2024 and ongoing DSC and/or lead cook to audit dry pantry, freezer and refrigerator during daily inventory walk through.

The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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: 07/19/2024

Implemented () - 08/13/2024)

141b2 - Medical Evaluation Changes

5. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident 1 has a change in medical condition for a mechanical soft diet specified on the RASP dated 2/22/2024. However, resident 1 did not have an updated medical evaluation completed.

Plan of Correction

Accept () - 08/08/2024)

On 6/18/2024 Resident Care Director (RCD) had documentation of medical evaluation completed for resident #1 with the mechanical soft diet specified.

On 6/18/2024 RCD audited all documentation of medical evaluations to ensure the correct diet was updated for all residents.

On 6/18/2024 RCD and Wellness Nurses (WN) were educated on ensuring that any change in condition for a resident is required to receive a new documentation of medical evaluation.

The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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.

141b2 - Medical Evaluation Changes (continued)

Proposed Overall Completion Date: 07/19/2024

Licensee's Proposed Overall Completion Date: 07/19/2024

Implemented (█) - 08/13/2024

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 2 is prescribed Trazadone 50 mg. However, the resident's June 2024 medication administration record does not indicate the strength of the medication.

Plan of Correction

Accept (█) - 08/08/2024

On 6/17/2024 resident #2 Trazadone medical administration record has been updated with the correct dosage.

On 6/20/24 RCD, WN and Medication Care Managers (MCM) were all trained on proper medication record information required from regulation 187a.

Starting 6/20/2024 2 nurses will verify that new orders are accurately transcribed on the electronic medication administration record for 4 weeks.

The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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.

Proposed Overall Completion Date: 07/19/2024

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 07/19/2024

Implemented () - 08/13/2024

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 3 participated in the development of support plan on . However, the facility could not provide the signature page for the support plan.

Plan of Correction

Accept () - 08/08/2024

On 6/19/2024 PCC set up a support plan meeting and had Resident #3 and the power of attorney sign off on the support plan.

On 6/18/2024 RCD and WN audited all support plans to ensure that the signature has been documented. In the absence of the signature page documentation, the PCC or RC set up support plan meeting with the resident and responsible party to review and document the signature page.

On 6/19/2024 RCD educated PCC, RC on completing support plan meetings and documenting with signatures from the residents/responsible party.

On 6/19/2024 and ongoing PCC, RC, ED and RCD will review opened resident assessments during clinical meeting, complete support plans and immediately set up a support plan meeting to review with the resident and the responsible party. At the time of the meeting, the support plan signature page will be completed and placed in the resident's wellness chart.

The POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for 2 quarters beginning on 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.

Proposed Overall Completion Date: 07/19/2024

Licensee's Proposed Overall Completion Date: 07/19/2024

Implemented () - 08/13/2024