

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

February 20, 2025

[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 01/03/2025 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: 11/04/2025
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

Staffing Hours

Resident Support Staff: Total Daily Staff: 100 Waking Staff: 75

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 01/03/2025

Inspection Dates and Department Representative

01/03/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 67

Secured Dementia Care Unit

In Home: Yes Area: Reminiscence Capacity: 58 Residents Served: 22

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33 Have Physical Disability: 0

Inspections / Reviews

01/03/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2025

02/07/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/17/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 02/17/2025

Inspections / Reviews *(continued)*

02/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

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] around 08:00 PM, resident [REDACTED] wandered into resident [REDACTED] room, who was naked waist up, and pinched resident [REDACTED]. Resident [REDACTED] yelled "Don't touch me!". Resident [REDACTED] has had prior incidents involving the resident's wandering behaviors to include:

- On [REDACTED], wandered into another resident's room and was hit by the angry resident on the arm.
- On [REDACTED] observed by a staff person wandering into another resident's room
- On [REDACTED] grabbed another resident's spoon of applesauce with crushed medications and ingested it

The home's progress notes for resident [REDACTED] dated [REDACTED], under "behavior tracking", read "Entering other residents' rooms uninvited". "This is a baseline behavior of the resident and easily redirected". There is no documentation of the [REDACTED] incident in the resident's progress notes. The home has not implemented any measures to keep the resident from wandering and/or keep other residents safe from resident [REDACTED]

Repeat Violation: [REDACTED]

## Plan of Correction

Accept [REDACTED] - 02/07/2025)

[REDACTED]: Resident [REDACTED] was immediately redirected away from resident [REDACTED] room and ensured resident [REDACTED] was safe. Interviewed memory care team members to ensure that no other residents have been subjected to physical or verbal abuse of any kind. No concerns were noted.

[REDACTED]: Nursing assessed resident [REDACTED] for signs/symptoms of injury or trauma. Resident with no recollection of the event. Nursing visited resident [REDACTED] to assess for any changes.

[REDACTED] Team members were trained on 2600.42b related to resident abuse and neglect and 2600.201 related to resident safe management techniques to modify or eliminate resident behaviors. Residents with behavioral symptoms and exploring behaviors reviewed weekly during interdisciplinary team meetings to ensure interventions are in place and effective.

12/19/24 to 1/10/25: ED provided education to team members on OAPSA related to resident abuse and reporting requirements, and Resident Rights.

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 one and quarter two 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: 01/24/2025

Implemented [REDACTED] - 02/20/2025)

## 185a Implement Storage Procedures

## 2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a Implement Storage Procedures (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] four times a day at 08:00 AM, 01:00 PM, 05:00 PM, and 09:00 PM. On [redacted] around 01:10 PM, there were 35 pills left after 01:00 PM administration. The controlled medication record review indicates that

- staff are entering only AM and PM, not the exact time
- it was signed out only three times on [redacted]
- the remaining count skipped from 39 to 37 between 05:00 PM and 09:00 PM on [redacted]

Resident [redacted] December Medication Administration Record (MAR), however, indicated that it was administered four times on [redacted]. Staff A explained that staff B administered the medication twice at 05:00 PM and 09:00 PM on [redacted] but logged it only once on the controlled medication record, resulting in one pill discrepancy, which was not detected until after [redacted] 09:00 PM administration.

Plan of Correction

Accept [redacted] - 02/07/2025)

[redacted] RCD immediately re educated all med. techs on the need to record exact times of medication distribution in the medication record and to ensure medication counts are occurring at start/end of shifts.

[redacted] RCD immediately reviewed MAR and narcotic countdown sheet to ensure all medications are administered. After review, RCD reviewed the narcotic inventory and confirmed that narcotic countdown was accurate.

[redacted]: RCD initiated formal education for all med. techs of 2600.185.(a) related to procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. RCD re educated medication care managers on proper documentation and proper methods for counting narcotics.

[redacted]: RCD and Wellness nurses will complete and document an audit of 5 resident's medication distribution weekly for 60 days to ensure all medications are provided correctly and ensure compliance with 2600.185.a regulations.

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 one and quarter two 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: 01/24/2025

Implemented ([redacted] 02/20/2025)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] at 09:00 PM everyday. Resident [redacted] December MAR does not include the initials of the staff person who administered these medications on [redacted] at 09:00 PM.

On [redacted] at 01:00 PM, resident [redacted] was administered [redacted] by staff C; however, the resident's MAR was documented as administered by staff D.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] - 02/07/2025)

[REDACTED]: RCD reviewed MAR and narcotic countdown sheet to ensure all medications were administered timely. After review, RCD confirmed narcotic count was accurate.

[REDACTED]: RCD immediately re-educated all med. techs on the need to record exact times of medication distribution in the medication record and to ensure medication counts are occurring at start/end of shifts.

[REDACTED]: RCD initiated formal education for all med. techs of 2600.187.(b) related to proper documentation and methods for counting narcotics.

[REDACTED]: RCD and Wellness nurses will complete and document an audit of 5 resident's medication distribution weekly for 60 days to ensure all medications are provided correctly and ensure compliance with 2600.185.a regulations.

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 one and quarter two 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: 01/24/2025

Implemented [REDACTED] - 02/20/2025)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], indicates that the resident requires some supervision in the home and needs assistance when outside the home and/or tends to wander. The resident has had several incidents in which wandering behaviors have increased, to include touching a resident inappropriately on [REDACTED]. The home did not re-evaluate the resident after this incident.

Plan of Correction

Accept [REDACTED] - 02/07/2025)

[REDACTED]: Resident [REDACTED] assessment was reviewed and updated immediately to reflect the required supervision needs.

[REDACTED]: RCC reviewed all resident assessments in memory care unit to ensure supervision needs are accurate.

[REDACTED]: Resident [REDACTED] discussed at weekly interdisciplinary team meeting and functional/cognitive status will be monitored weekly for changes, with SEHA updated as required.

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 one and quarter two 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: 01/24/2025

Implemented [REDACTED] - 02/20/2025)