

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

April 7, 2025

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
WELLTOWER OPCO GROUP LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2025, 02/20/2025 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

Type: *I-2* Date: *12/21/2012* Issued By: *Horsham Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/20/2025*

Inspection Dates and Department Representative

02/19/2025 - On-Site: [REDACTED]
 02/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *21*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

02/19/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2025*

03/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/04/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/11/2025*

Inspections / Reviews (*continued*)

04/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On 02/20/25 at 2:30pm, The bathroom vent grate in resident room 303 is covered in a thick layer of gray dust and needs to be cleaned.

Plan of Correction

Accept ([redacted]) - 03/24/2025)

2/20/25- Housekeeping cleaned the vent shortly after surveyor discovered the dust.

2/20/25- Housekeeping completed a full audit of bathroom vent grates to determine if other vents had dust in them. None were found.

3/3/25- Housekeeping team retrained for 2600.85a to ensure compliance with Sanitary Conditions.

3/14/25- Audit form initiated to include "vents" are clean to ensure compliance with 2600.85a Sanitary Conditions. Daily audits in place for 30 days and then weekly for 30 days.

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 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: 03/18/2025

Implemented ([redacted]) - 04/07/2025)

85b - Infestation

2. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 02/20/25 at 10:54am, a cluster of live gnats were observed near the memory care's refrigerator.

Plan of Correction

Accept ([redacted]) - 03/24/2025)

2/20/25- Maintenance Coordinator and Dining Services Coordinator determined the "gnats" were drain flies coming from the drain under a hand washing sink and attempted to clean & flush the drainpipe.

3/3/25- Dining Services Coordinator initiated daily chemical treatment for drainpipe in the memory care kitchen. No flies seen since treatment initiated.

3/3/25- Initiated Team Member re-training on 2600.85b to ensure compliance in identifying and reporting potential infestations within the home.

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality

85b - Infestation (continued)

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: 03/18/2025

Implemented (████) - 04/07/2025

88a - Surfaces

3. 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 02/20/25 at 9:50am, the 2nd floor common area bathroom's wallpaper has a heavy yellow stain present under the grab bar and around the toilet paper holder.

On 02/20/25 at 9:50am, there was a hole in the ceiling in the common area that needs to be repaired due to a previous water leak. There were exposed wires, and a bucket present on the floor, placed under the water leak.

Plan of Correction

Accept (████) - 03/24/2025

2/21/25- 2nd Floor common area bathroom was added to the turn-over list for stripping the wallpaper and painting to ensure compliance with 2600.88.a for walls being clean and in good repair.

3/4/25- Roofers returned to look further at the roof causing a water leak in the 2nd floor common area ceiling. Roofers found the issue and completed the repair.

3/12/25- Ceiling repair of the 2nd floor common area water leak was completed to return to compliance with 2600.88.a. related to ceilings being in good repair.

3/13/25- 2nd Floor common area bathroom wallpaper stripping and wall painting project was completed to ensure compliance with 2600.88.a.

3/17/25- ED and Maintenance Director walked the community to ensure all floors, walls, ceilings, windows and other surfaces are clean and in good repair.

3/17/25- ED and Maintenance Director to walk the community weekly ongoing to identify any issues related to 2600.88.a and generate work list to ensure compliance.

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 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: 03/18/2025

Implemented (████) - 04/07/2025

88a - Surfaces (continued)

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

On 02/19/25 and 02/20/25, one of the home's two elevators has been in inoperable since November 2024. The facility has three floors, and residents are only able to one elevator, causing long waits for the elevator. Residents use the elevators to attend the dining areas and various activities in the facility.

Plan of Correction

Accept (█) - 03/24/2025)

2/20/25- Surveyors provided with all communications to/from Schindler elevator company dating back to November 2024, attempting to remedy elevator issues.

2/27/25- Area Facilities Manager reached out to Schindler Elevator company to communicate DHS citation related to elevator not in service. Schindler replied, confirming 3/31/25 initiation of repairs/replacements to return to compliance with 2600.95.

Ongoing- Community will continue with elevator preventative maintenance and repairs contract to ensure the presence of operating elevators and compliance with 2600.95.

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 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: 04/04/2025

Implemented (█) - 04/07/2025)

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the end of the month as evidenced by the following drills: January 26, 2025, at 10:20am., December 20, 2024, at 6:15am., November 30, 2024, at 6:35pm., October 28, 2024, at 1:20pm., and August 29, 2024, at 3:45pm.

Plan of Correction

Accept (█) - 03/24/2025)

3/3/25- Maintenance Coordinator established plan for randomly scheduled days/times for fire drills to return to compliance with 2600.132.g.

132g - Fire Drills Days/Times (continued)

3/8/25- Fire drill was completed at 3:01am (3rd shift, 1st week) to demonstrate random day/time per regulation 2600.132.g

3/17/25- ED will participate in planning, scheduling of randomly performed fire drills in order to maintain compliance of 2600.132.g for 3 months.

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 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: 03/18/2025

Implemented (█) - 04/07/2025

181f - Record of Medication

6. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 02/20/25, resident #1 record did not include a current list of current medications.

Plan of Correction

Accept (█) - 03/24/2025

2/20/25- RCD immediately corrected the resident's list of current medications within the resident record, per 2600.181.f.

2/20/25- RCD audited all residents who self-administer medications to ensure each resident had an updated list of current medications.

3/17/25- RCD and Wellness nurses will complete and document an audit of each self-administering resident's medication record weekly for 60 days and then monthly to ensure all resident records include a current list of medications per 2600.181.f.

3/20/25- RCD to retrain MCM's and wellness nurses on 2600.181.f. to ensure residents who self-administer medications, have an updated list of current medications.

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 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: 03/31/2025

Implemented (█) - 04/07/2025

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 02/20/25, Resident#2's Hydroxyzine HCl 50mg, blister foil/paper backing is punctured in two places with the medication still present in the open package.

Plan of Correction

Accept (█) - 03/24/2025)

2/20/25- MCM immediately wasted the medication found within the punctured foil pack.

2/20/25- RCD and Senior Resident Care Directors completed cart audits to confirm no other issues with 2600.183.e. were present. None were found.

3/3/25 RCD and Wellness nurses will complete and document an audit of 5 resident's medications weekly for 60 days and then monthly, to ensure all medications are stored correctly and ensure compliance with 2600.183.e regulations.

3/20/25- RCD to conduct meeting with MCM's to review 2600.183.e. to ensure identification, communication and remediation of any findings related to this regulation.

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 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: 03/31/2025

Implemented (█) - 04/07/2025)

184a - Resident's Meds Labeled

8. Requirements

2600.

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

Description of Violation

On 1/1/2025 Resident #3s order for Memantine 10mg changed from one tablet twice a day to one tablet once a day. The pharmacy label for resident#3's Memantine Hydrochloride 10mg, still indicates to give one tablet by mouth twice a day and there is no change of directions sticker or other indication on the medication label. The residents 2/2025 MAR has the correct physician order listed.

Plan of Correction

Accept (█) - 03/24/2025)

2/20/25- MCM immediately place a change of direction/refer to MAR sticker on the resident's medication bottle.

2/20/25- RCD and Senior Resident Care Directors completed cart audits to confirm no other issues with 2600.184.a. were present. None were found.

184a - Resident's Meds Labeled (continued)

3/3/25- RCD and Wellness nurses will complete and document an audit of 5 resident's medication containers per week to ensure they are properly labeled per 2600.184.a.

3/20/25- RCD to conduct meeting with MCM's to review what to look for with 2600.184.a. to ensure identification, communication and remediation of any findings related to this regulation.

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 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: 03/31/2025

Implemented ([REDACTED] - 04/07/2025)