



Pennsylvania Department of Human Services

Emailing Date: July 1, 2025

[REDACTED]
[REDACTED]
Welltower OPCO Group LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Sunrise of North Wales
1419 Horsham Road
North Wales, Pennsylvania 19454
License #: 148060

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on April 21, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

June 3, 2025

[REDACTED]
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 04/21/2025 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: *09/11/2025*
 Address: *1419 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: [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: *108* Waking Staff: *81*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *05/01/2025*

Inspection Dates and Department Representative

04/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *72*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *23*

Hospice

Current Residents: *17*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *0*

Inspections / Reviews

04/21/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2025*

05/20/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2025*

Inspections / Reviews (*continued*)

05/21/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/02/2025

06/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On 4/21/25 at 10:38am, the bathroom across from the private dining room had no method of hand drying.

Plan of Correction

Accept [redacted] - 05/20/2025)

4/21/2025: Housekeeping was notified and placed paper towels in the bathroom.

4/21/25: Housekeepers checked all other bathrooms to ensure they had paper towels present for compliance with 2600.85a.

4/25/25: ED trained housekeeping team on 2600.85a to ensure compliance with Sanitary Conditions.

Ongoing: Housekeepers will ensure paper towels are in all bathrooms daily in compliance with 2600.85a. as evidence by daily housekeeping checklist.

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 two and quarter 3 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: 05/30/2025

Evidence of Completion

Implemented [redacted] - 06/03/2025)

See attached.

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 4/21/25 at 9:05am, approximately 10 ants were observed crawling on the table in the private dining room.

Repeat Violation Date: 2/19/25 et al

Plan of Correction

Accept [redacted] - 05/20/2025)

4/7/25: Western Pest Services sprayed exterior cracks/crevices for miscellaneous bugs.

4/21/25: Maintenance Coordinator immediately cleaned off the table with disinfectant wipes and inspected the room for the presence of ants in other locations. No other ants were noted.

4/21/25: Maintenance Coordinator walked community to ensure no other ants were discovered in compliance with 2600.85b. None were found.

4/25/25: ED and Maintenance Director to walk the community weekly ongoing to identify any issues related to

85b - Infestation (continued)

2600.85b 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 two and quarter three 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: 05/30/2025

Evidence of Completion

Implemented [REDACTED] - 06/03/2025)

See attached.

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 4/21/25 at 10:23am, the washing machine located in the first floor laundry room was leaking. There was a puddle of water on the floor.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

4/21/25: Puddle of water was immediately cleaned up to avoid a safety concern and a service call was placed to remedy the equipment failure.

4/29/25: MCH Equipment, Inc. completed repair on the drain line hose of the washer. Washer was put back in service and compliant with 2600.95.

Ongoing: Maintenance Coordinator will complete washer preventative maintenance inspection weekly to ensure 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 two and quarter three 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: 05/30/2025

Evidence of Completion

Implemented [REDACTED] - 06/03/2025)

See attached.

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

On 4/21/25 at 10:26am, Resident #1 did not have access to a source of light at bedside. There was no lightbulb present in their bedside lamp.

Plan of Correction

Do Not Accept [redacted] - 05/20/2025)

4/21/25: A light bulb was immediately placed in the bedside lamp to ensure an operable lamp could be turned on at bedside in compliance with 2600.101.j.

4/21/25: Care Managers and Housekeeping staff checked all rooms to ensure that all bedside lamps/lights were within resident reach and fully operable in compliance with 2600.111j.

4/25/25: Re-education conducted for TM's to check (whenever entering a room) for compliance with 2600.101j, to ensure all residents have an operable lamp or light source within reach at bedside.

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 two and quarter three 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: 05/30/2025

Update: 05/20/2025

Please indicate a specific method to audit for ongoing compliance, such as a weekly audit of a sample of rooms. include start dates, frequency and title of person responsible.

Plan of Correction

Accept [redacted] - 05/21/2025)

4/21/25: A light bulb was immediately placed in the bedside lamp to ensure an operable lamp could be turned on at bedside in compliance with 2600.101.j.

4/21/25: Care Managers and Housekeeping staff checked all rooms to ensure that all bedside lamps/lights were within resident reach and fully operable in compliance with 2600.111j.

4/25/25: Re-education conducted for TM's to check (whenever entering a room) for compliance with 2600.101j, to ensure all residents have an operable lamp or light source within reach at bedside.

5/20/25: ED, RCC or team members will audit all rooms every week for 60 days to ensure compliance with 2600.101.j.

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 two and quarter three 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: 05/30/2025

Evidence of Completion

Implemented [redacted] - 06/03/2025)

See attached.

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 4/21/25 at 10:23am, the lint trap duct in the commercial dryer had scattered accumulations of lint- some piles are an approximate two inches thick.

Plan of Correction

Accept [redacted] - 05/20/2025)

4/21/25: Lint from the commercial dryer was immediately removed.

4/21/25: Maintenance Coordinator checked all community dryers to ensure no lint found in lint traps. None found.

4/23/25: Conducted Team Member re-training on 2600.105g to ensure compliance in removing lint from the dryers after each use.

5/12/25: Sign placed on commercial dryer reminding all Team Members to remove lint from the dryer after every use to remain compliant with 2600.105g.

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 two and quarter three 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: 05/30/2025

Evidence of Completion

Implemented [redacted] - 06/03/2025)

See attached.

183e - Storing Medications

6. 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 4/21/25, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot:

- Resident #2’s Clopidogrel 75mg tab
- Resident #3’s Carvedilol 12.5mg tab
- Resident #4’s Vitamin D3 50mcg tab
- Resident #5’s Gabapentin 100mg cap
- Resident #6’s Bupirone 5mg tab

Repeat Violation Date: 2/19/25 et al

183e - Storing Medications (continued)

Plan of Correction**Do Not Accept** [REDACTED] - 05/20/2025)

4/21/25: MCM immediately wasted the medication found within the punctured foil packs.

4/22/25- RCD and MCM completed cart audits to confirm no other issues with 2600.183.e. were present. None were found.

4/22/25 RCD and Wellness nurses and Medication techs will complete weekly cart audits to ensure all medications are stored correctly and ensure compliance with 2600.183.e regulations.

5/6/2025: RCD met with pharmacy executive to research issues with alternative backing options for pill blister packs. Pharmacy reporting no alternative packing is available but investigating their heat sealers and whether thicker paper backing is available to remain compliant with 2600.183e.

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 two and quarter three 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: 05/30/2025

Update: 05/20/2025

Please indicate any specific training conducted to prevent this violation from re-occurring. include specific date, topics covered, title of persons trained and title of person providing the training.

Plan of Correction**Accept** [REDACTED] - 05/21/2025)

4/21/25: MCM immediately wasted the medication found within the punctured foil packs.

4/22/25- RCD and MCM completed cart audits to confirm no other issues with 2600.183.e. were present. None were found.

4/22/25 RCD and Wellness nurses and Medication techs will complete weekly cart audits to ensure all medications are stored correctly and ensure compliance with 2600.183.e regulations.

5/2/25: RCD completed education on 2600.183e to wellness nurses and med techs to ensure compliance with medication storage and to look for punctured blister pack foils.

5/6/2025: RCD met with pharmacy executive to research issues with alternative backing options for pill blister packs. Pharmacy reporting no alternative packing is available but investigating their heat sealers and whether thicker paper backing is available to remain compliant with 2600.183e.

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 two and quarter three 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.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 05/30/2025

Evidence of Completion

Implemented [redacted] - 06/03/2025)

See attached.

184c - Sample Prescription Meds.

7. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

On 4/21/25, a sample prescription of Gemtesa was found in the medication cart. It was not labeled with a resident's name or the instructions for use.

Plan of Correction

Do Not Accept [redacted] 05/20/2025)

4/21/25: Gemtesa was labeled and was immediately placed back in the bag with the resident's name and instructions.

4/21/25: Completed audit of med carts to ensure all individual bottles of medication were labeled to ensure compliance with 2600.184c in the event any fall out of labeled bags.

4/25/25: RCD, Wellness nurses and Medication Techs will complete weekly cart audits to ensure all medications are stored correctly and ensure compliance with 2600.184c.

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 two and quarter three 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: 05/30/2025

Update: 05/20/2025

Please indicate any specific training conducted to prevent this violation from re-occurring. include specific date, topics covered, title of persons trained and title of person providing the training.

Plan of Correction

Accept [redacted] - 05/21/2025)

4/21/25: Gemtesa was labeled and was immediately placed back in the bag with the resident's name and instructions.

4/21/25: Completed audit of med carts to ensure all individual bottles of medication were labeled to ensure compliance with 2600.184c in the event any fall out of labeled bags.

4/25/25: RCD, Wellness nurses and Medication Techs will complete weekly cart audits to ensure all medications are stored correctly and ensure compliance with 2600.184c.

5/2/25: RCD completed education with wellness nurses and med techs on 2600.184c related to ensuring sample

184c - Sample Prescription Meds. (continued)

medications have written instructions and labels with a resident's name.

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 two and quarter three 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: 05/30/2025

Evidence of Completion

Implemented [REDACTED] - 06/03/2025)

See attached.