

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

August 27, 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 06/12/2025 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] 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: Total Daily Staff: *100* Waking Staff: *75*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *06/12/2025*

**Inspection Dates and Department Representative**

06/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *92* Residents Served: *66*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *22*  
 Hospice  
 Current Residents: *13*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *0*

**Inspections / Reviews**

06/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2025*

07/14/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/31/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2025*

Inspections / Reviews *(continued)*

07/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/02/2025

08/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], staff person A, the home's administrator, received a phone call at approximately 5:24 pm from resident [redacted] family member. The caller stated they were on the phone with resident [redacted] at approximately 4:50 pm, when they heard "yelling and cursing and rustling." Resident [redacted] reported being pushed by resident [redacted]. The resident further claimed to have been pushed down steps by resident [redacted] on St. Patrick's Day [redacted]. The home never reported these allegations.

Plan of Correction

Accept [redacted] - 07/14/2025)

7/8/2025: Executive Director submitted reportable incident report to the Department of Human Services and the Act.13 form to the Montgomery County Area on Aging.

7/8/2025: Executive Director (ED) reviewed 2600.15.a related to immediately reporting suspected abuse of a resident in accordance with OAPSA.

7/8/2025: Executive Director (ED), educated the Resident Care Director (RCD), and Resident Care Coordinator (RCC) via review of 2600.15.a to ensure immediate reporting of suspected abuse of a resident in accordance with OAPSA.

7/11/25: Executive Director reviewed last 90 days of incident reporting to ensure that all required reports were submitted appropriately according to 2600.15.a

7/8/2025 and ongoing: Executive Director, Resident Care Director and Resident Care Coordinator will immediately discuss reports of any incident or allegations of suspected abuse to ensure immediate reporting required by 2600.15.a.

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 3rd and 4th quarters of 2025 to ensure efficacy of the plan. If the plan is no longer effective, it will be amended and a new POC will be initiated.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [redacted] - 08/27/2025)

42b Abuse

2. 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 approximately 2:50 pm, a musical performance had just concluded in the first-floor Chestnut Room. Resident [redacted] was passing through a row of seats to exit the activity and asked resident [redacted] to move their feet so

## 42b Abuse (continued)

resident ■ could get by with their walker. Resident ■ either refused or didn't move immediately and was then struck by resident ■ in the face. A fight between the two residents raged for approximately four minutes, which included the residents actively choking, scratching, punching, pushing, and slapping each other. Resident ■, who was sitting next to resident ■ stood up and attempted to restrain resident ■ arms as resident ■ was attempting to strike resident ■. Staff person B, an activities assistant, was sitting in the library next to the Chestnut Room and heard residents yelling "Help! Stop! Fight!" Staff person B asked another resident to find staff for help, as there were no direct care staff present in the area. Resident ■ sustained a cut eyelid and bruises to both arms; the left arm and wrist were covered in black and blue two days later. Resident ■ sustained cuts on the lower lip and right corner of the nose.

Resident ■ and resident ■ had a history of conflict beginning soon after resident ■ admission on ■, including several near violent episodes. On ■, resident ■ became verbally aggressive, warning resident ■, "You're messing with wrong guy." Resident ■ was calmed by staff while venting their dislike of resident ■.

On ■ residents were having a social hour in the bistro when resident ■ became angry that resident ■ was not contributing to the conversation. Staff person A, the home's administrator, stopped the argument from turning physical as the two residents were approaching each other. On ■ residents ■ and ■ had an argument in the common area by the elevators on the first floor when resident ■ heard resident ■ speaking negatively about ■ to a third resident. Resident ■ threatened to hit resident ■, before being led away by staff person A.

On ■ at approximately 4:50 pm, resident ■ was on the phone with a family member, who suddenly heard yelling, cursing, and rustling on the other end. Resident ■ reported being pushed by resident ■. Resident ■ added that resident ■ had pushed them down steps on St. Patrick's Day ■. The family member relayed these allegations to staff person A by phone minutes later, yet the home never reported them.

Despite this history, resident ■ support plan did not indicate any behavioral/cognitive issues. An update was finally done on ■, following the brawl in the Chestnut Room. It was then noted that resident ■ will at times become aggressive toward other residents at social events. The update indicates a "minimal" degree of agitation, calling for "positive interaction, empathetic listening, and attention" when resident ■ is agitated, but no staff have been assigned to supervise resident # ■ or to keep residents ■ and ■ apart. Following the ■ argument, the home's nurses were told that efforts should be made to keep the residents separate, but there was never a plan of supervision. The residents sat several seats from each other at the ■ activity with no staff on hand to separate them if they fought.

## Plan of Correction

Accept (■ - 07/14/2025)

6/10/2025: Residents ■ and ■ were found separated in the Chestnut Hill room by the Executive Director. Resident ■ was escorted to the Wellness office to be examined by the Resident Care Director for injury. Resident ■ was escorted to the ED office and was assessed by a wellness nurse for injury.

6/10/2025: Executive Director initiated investigation by interviewing both residents ■ and # ■ and reported witnesses.

6/10/2025: Executive Director called the POA/Responsible parties for both residents # ■ and ■ to report the incident.

6/10/2025: Executive Director provided verbal report to Montgomery County Agency on Aging related to Act 13 reporting requirements.

42b - Abuse (continued)

6/11/2025: Executive Director sent reportable incident to the Department of Human Services and Act 13 form to Montgomery County Agency on Aging.

6/12/2025: Resident [redacted] service plan was updated to reflect that [redacted] will at times become aggressive toward other residents at social events.

7/3/2025: Resident [redacted] assessment was re-opened. Interventions added to prevent and de-escalate resident behaviors.

7/8/25 ongoing to 7/31/25- Executive Director, Resident Care Director and Resident Care Coordinator educated team members on interventions to prevent and de-escalate resident behaviors.

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 3rd and 4th quarters of 2025 to ensure efficacy of the plan. If the plan is no longer effective, it will be amended and a new POC will be initiated.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [redacted] - 08/27/2025)

225c - Additional Assessment

3. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] initial assessment, dated [redacted], indicated the resident had no needs related to irritability, judgment, agitation, or aggression. The resident had near violent or violent encounters with resident [redacted] on [redacted] and [redacted], culminating in a fight on [redacted] in which both were injured. Only on [redacted] the date of the Department's inspection, was the resident assessed as somewhat aggressive and having minimal agitation needs. The resident is still assessed as having no needs related to judgment or irritability.

Plan of Correction

Accept [redacted] - 07/14/2025)

6/12/2025: Resident [redacted] service plan was updated to reflect that resident [redacted] will at times become aggressive toward other residents at social events and to provide positive interaction, empathetic listening, and attention.

7/7/25: Resident Care Director and Resident Care Coordinator opened a new assessment for Resident [redacted] per 2600.225.c.3 requiring an additional assessment at the request of the Department upon cause to believe an update is required.

225c - Additional Assessment (continued)

7/8/25: Executive Director, Resident Care Director and Resident Care Coordinator will discuss all residents with significant changes requiring a new assessment to be opened weekly at the interdisciplinary team meeting to ensure compliance with 2600.225.c

Executive Director, Resident Care Director, Resident Care Coordinator and Reminiscence Supervisor will review all resident Individualized Service Plans to ensure thoroughness and accuracy.

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 3rd and 4th quarters of 2025 to ensure efficacy of the plan. If the plan is no longer effective, it will be amended and a new POC will be initiated

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [REDACTED] - 08/27/2025)