

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

January 9, 2026

[REDACTED]  
WELLTOWER OPCO GROUP LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

RE: SUNRISE OF NEWTOWN SQUARE  
333 SOUTH NEWTOWN STREET  
ROAD  
NEWTOWN SQUARE, PA, 19073  
LICENSE/COC#: 14326

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/08/2025 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 NEWTOWN SQUARE      **License #:** 14326      **License Expiration:** 12/15/2025  
**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:** 01/20/2004      **Issued By:** Commonwealth of Pennsylvania, L&I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 102      **Waking Staff:** 77

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 12/08/2025

## Inspection Dates and Department Representative

12/08/2025 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:** Reminiscence      **Capacity:** 26      **Residents Served:** 18

## Hospice

**Current Residents:** 3

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 64  
**Diagnosed with Mental Illness:** 62      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 38      **Have Physical Disability:** 0

## Inspections / Reviews

12/08/2025 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 01/03/2026

Inspections / Reviews *(continued)*

01/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

01/09/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment, dated [redacted] for resident [redacted] indicates the resident requires assistance with [redacted] management. On [redacted] the resident did not receive this assistance as required.

Plan of Correction

Accept [redacted] - 01/09/2026)

Plan of Correction

• On 12/11/25 the ED completed training with Management team on 2600.23.a

o Exhibit A-1 in-service form

• On 12/11 & 12/18 ED completed training with direct care staff on 2600.23a

o Exhibit A-2 audit tool

• Beginning 12/12/25, for 60 days the Personal Care Coordinator (PCC) will monitor documentation and compliance to ensure that residents receive services per their assessment.

o Exhibit A-3 audit tool

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 2 quarters 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: 02/06/2026

Implemented [redacted] - 01/09/2026)

23b - Instrumental Activities of Daily Living Assistance

2. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident [redacted] dated [redacted] indicates the resident requires assistance with laundry. On Monday [redacted], the resident's regular laundry day, the resident did not receive this assistance as required.

Plan of Correction

Accept [redacted] - 01/09/2026)

Plan of Correction

• On 12/11/25 the ED completed training with Management team on 2600.23.b

o Exhibit A-1 in-service form

• On 12/11 & 12/18 ED completed training with all staff on 2600.23.b

o Exhibit A-2 audit tool

• Beginning 12/12/25, for 8 weeks the Maintenance Coordinator (MC) will monitor all laundry completed weekly

o Exhibit B-1 audit tool

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 2 quarters to ensure efficacy of the plan. If the plan is no longer effective, it will be amended and a new POC will be initiated.

23b Instrumental Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented ( ) - 01/09/2026

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home does not have a policy on responding to call bells. However, the call bell system is in place for residents to alert staff when help is needed whether there is an emergency or another need. Residents have had excessive wait times for care. The following wait times are considered excessive:

- On [redacted] at 11:19 PM, resident [redacted] pressed the call bell and did not receive a response until 4:13 AM (294 minutes),
- On [redacted] at 8:18 PM, resident [redacted] pressed the call bell and did not receive a response until 10:47 PM (149 minutes),
- On [redacted] at 12:44 PM, resident [redacted] pressed the call bell and did not receive a response until 3:19 PM (154 minutes),
- On [redacted] at 9:46 AM, resident [redacted] pressed the call bell and did not receive a response until 12:16 PM (149 minutes).
- On [redacted] at 2:00 PM, resident [redacted] pressed the call bell and did not receive a response until 3:09 PM (68 minutes),
- On [redacted] at 9:41 PM, resident [redacted] pressed the call bell and did not receive a response until 10:33 PM (52 minutes).

Resident [redacted] resides directly across the hall from resident [redacted]

Plan of Correction

Accept ( ) - 01/09/2026

Plan of Correction

- On 12/11/25 the ED completed training with Management team on 2600.60.a specifically ensuring they understand the importance of answering call bells timely
    - o Exhibit A 1 in service form
  - On 12/11 & 12/18 ED completed training with all staff on 2600.60.a specifically ensuring they understand the importance of answering call bells timely
    - o Exhibit A 2 audit tool
  - Beginning 12/12/25, for 8 weeks the ED, RC, PCC will monitor all review call bell response times daily and address if any call times are excessive
    - o Exhibit C 1 audit tool
- POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 2 quarters 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: 02/06/2026

60a - Staff/Support Plan (continued)

Implemented ( [REDACTED] 01/09/2026)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for some physical assistance with management of both bladder and bowel. The resident's support plan, which the home uses as a "living document" in order to update and reflect changes, as of [REDACTED] indicates the resident is independent with [REDACTED] management and independent with [REDACTED] management.

Plan of Correction

Accept [REDACTED] - 01/09/2026)

Plan of Correction

- On 12/11/25 the ED completed training with Management team on 2600.227.d specifically ensuring that all service plans reflect the current goals and interventions for each resident.
    - o Exhibit A-1 in-service form
  - On 12/11 & 12/18 ED completed training with all staff on 2600.227.d specifically ensuring that all service plans reflect the current goals and interventions for each resident.
    - o Exhibit A-2 audit tool
  - On 12/12/25, the Resident Care Coordinator (RCD) reviewed all resident current assessments for inaccuracies
    - o Exhibit D-1 audit tool
  - Beginning 12/22/25 the RCD will audit any new assessments on a weekly basis for 8 weeks.
    - o Exhibit D-2 audit tool
- POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for 2 quarters 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: 02/20/2026

Implemented [REDACTED] - 01/09/2026)