

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

May 19, 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 04/06/2026 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: *12/15/2026*
 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: *11/07/2002* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *101* Waking Staff: *76*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/06/2026*

Inspection Dates and Department Representative

04/06/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *62*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *26* Residents Served: *17*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *60* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

04/06/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/03/2026*

Inspections / Reviews *(continued)*

05/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/18/2026

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] reported to the concierge that [redacted] total was missing from 3 bank envelopes that resident kept in [redacted] personal bag next to [redacted] bed. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 05/04/2026)

On 4/6/2026 Copy of incident report that was sent in on 1/5/26 was emailed to Surveyor(Exhibit A1)

On 4/7/2026 Regional Director of Operations(RDO) in-serviced Executive Director(ED) and Resident Care Director(RCD) on Reg 2600.16c (Exhibit A2)

On 4/7/2026 the ED completed training with ALM, MC, RC, DSC, ADOS, AVC on 2600.16c(Exhibit A3)

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/03/2026

Implemented [redacted] - 05/19/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] Crest 3D white pro advance whitening toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in room 316.

Colgate Max Fresh toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in room [redacted]

McKesson Antibacterial Soap, with a manufacture's label indicating "if swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in room [redacted]

Not all the residents of the home, including resident [redacted] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 05/04/2026)

On 4/6/2026 all items were immediately put in locked cabinet by ED & RCD

On 4/6/2026 ED & RCD checked all SDCU and did not find any additional poisonous items unlocked(Exhibit B1)

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.82c(Exhibit A3)

82c - Locking Poisonous Materials (continued)

On 4/22/2026 the ED completed training with Med Care Managers, Care Managers, and LEM on 2600.82c(Exhibit B2)

Beginning 4/7/26 weekly for 8 weeks the ED/RC/ALM will do 10 random audits to ensure all poisonous items are locked(Exhibit B3)

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [redacted] - 05/19/2026)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at 9:09 AM there was a half full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept [redacted] - 05/04/2026)

On 4/6/2026 Dining Service Coordinator(DSC) immediately put lid on trash can

On 4/6/2026 DSC inspected the kitchen to ensure all other trash cans had lids

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.85d(Exhibit A3)

On 4/22/2026 the ED completed training with cooks, servers, and dishwashers on 2600.85d(Exhibit C1)

Beginning 4/7/26 for 60days the DSC/Cook will check daily to ensure both garbage cans have lids on when not in use(Exhibit C2)

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [redacted] 05/19/2026)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] at 9:09am, in the food storage area, there was an unattended, open bin of flour with a hand scoop laying it.

Plan of Correction

Accept [redacted] - 05/04/2026)

On 4/6/2026 DSC threw out open bin of flour, washed scoop, and replaced(Exhibit D1)

On 4/6/2026 DSC inspected the kitchen to ensure all other food was protected from contamination

103c Food Protected (continued)

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.103c(Exhibit A3)
On 4/22/2026 the ED completed training with care managers, cooks, servers, and dishwashers on 2600.103c(Exhibit C1)
Beginning 4/7/26 for 60days the DSC/cook will check daily to ensure there isn't any open food containers(Exhibit D2)
POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/June 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: 05/14/2026

Implemented [redacted] - 05/19/2026

103d - Storing Food Off Floor

5. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at 9:10 AM, cans of corn, peaches, and pork and beans, two cases of ginger ale, and two small boxes of raisin bran were stored on the floor in the dry storage area.

Repeat violation: [redacted] et al

Plan of Correction

Accept [redacted] - 05/04/2026

On 4/6/2026 the food delivery truck just delivered the weekly items to the community The DSC and dining staff immediately put all food away
On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.103d(Exhibit A3)
On 4/22/2026 the ED completed training with care managers, cooks, servers, and dishwashers on 2600.103d(Exhibit C1)
Beginning 4/13/26 weekly for 8 weeks the DSC will remind delivery driver to place delivery on crates to ensure no food is placed on floor(Exhibit E1)
POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [redacted] - 05/19/2026

103f - Refrigerator/Freezer Temps

6. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the walk in refrigerator in the main kitchen. The thermometer on the outside of the unit was broken.

103f - Refrigerator/Freezer Temps (continued)

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/04/2026

On 4/6/2026 the Thermometer was found knocked off shelf on floor and immediately placed back on shelf and temp reading was 36°F(Exhibit F1)

On 4/6/2026 DSC inspected the kitchen to ensure thermometers were in all refrigerators and freezers(Exhibit F1)

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.103f(Exhibit A3)

On 4/22/2026 the ED completed training with care managers, cooks, servers, and dishwashers on 2600.103f(Exhibit C1)

Beginning 4/13/26 daily for 60 days the DSC/Cook will check thermometer placement in fridges & freezers(Exhibit F2)

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [REDACTED] 05/19/2026

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the walk-in freezer, there was an unsealed and undated box of raw beef steak with some of the frozen meat poking up through a cardboard box.

In the walk-in refrigerator, there were unsealed, undated bags of broccoli, cubed cheese

Plan of Correction

Accept [REDACTED] - 05/04/2026

On 4/6/2026 DSC threw out all unsealed and undated food from fridge

On 4/6/2026 DSC inspected the additional kitchen fridges/freezers to ensure all other food was in closed or sealed containers.

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.103g(Exhibit A3)

On 4/22/2026 the ED completed training with care managers, cooks, servers, and dishwashers on 2600.103g(Exhibit C1)

Beginning 4/7/26 daily for 60 days the DSC/Cook will check fridge/freezers for unsealed, unlabeled and undated food(Exhibit G1)

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [REDACTED] - 05/19/2026

103i Outdated Food

8. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the freezer there were two round, flat discs of uncooked pizza dough, which were resting on top of a piece of white plastic on top of a cardboard box. The dough was uncovered, unlabeled and undated.

Plan of Correction

Accept [REDACTED] - 05/04/2026)

*On 4/6/2026 DSC threw out all unsealed and undated food from fridge
On 4/6/2026 DSC inspected the kitchen to ensure all other food was in closed or sealed containers, and no dented cans
On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.103i(Exhibit A3)
On 4/22/2026 the ED completed training with care managers, cooks, servers, and dishwashers on 2600.103i(Exhibit C1)
Beginning 4/7/26 daily for 60 days the DSC/Cook will check fridge/freezers for unsealed, unlabeled and undated food(Exhibit G1)
POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [REDACTED] - 05/19/2026)

121a Unobstructed Egress

9. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 2:03 PM, two dining chairs and a table blocked egress from the home's dining room emergency exit. Staff interviewed stated the table and chairs were normally set up in front of the exit daily.

Plan of Correction

Accept [REDACTED] - 05/04/2026)

*On 4/6/2026 Maintenance Coordinator(MC) immediately removed dining room table from blocking exit door(Exhibit H1)
On 4/6/2026 MC walked the community to ensure Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed
On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.121a(Exhibit A3)
On 4/22/2026 the ED completed training with care managers, servers, cooks, dishwashers, med care managers, nurses on 2600.121a(Exhibit C1)
Beginning 4/7/26 daily for 60 days the MC/AMC will check all egress routes from rooms and from the building to ensure they are unlocked and unobstructed(Exhibit H2)
POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 to ensure efficacy of the plan. If the plan is no longer effective, it will be amended and a new POC will be initiated.*

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 05/14/2026

Implemented [REDACTED] - 05/19/2026)

162c - Menus Posted

10. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's had a four-week season/cycle menu posted with a date that ended on [REDACTED] The current week/cycle menu and next week's menu were not posted.

Plan of Correction

Accept [REDACTED] - 05/04/2026)

On 4/6/2026 DSC posted updated 4 week schedule in PC & SDCU dining rooms(Exhibit I1)

On 4/7/2026 the ED completed training with RCD, ALM, MC, RC, DSC, ADOS, AVC on 2600.162c(Exhibit A3)

On 4/22/2026 the ED completed training with CM, Servers, cooks, dishwashers, and med care managers on 2600.162c(Exhibit C1)

Beginning 4/13/26 weekly for 12weeks the ED/DSC will check all menu postings contain at least 2 weeks(Exhibit I2) POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting in May/Aug 2026 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: 05/14/2026

Implemented [REDACTED] - 05/19/2026)