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

July 15, 2026

[redacted]
WELLTOWER OPCO GROUP LLC
[redacted]
ATTN LICENSING
[redacted]

RE: SUNRISE OF LAFAYETTE HILL
429 RIDGE PIKE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 14324

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2026 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 LAFAYETTE HILL* **License #**: *14324* **License Expiration**: *12/15/2026*

Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*

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**: *06/18/1998* **Issued By**: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *110* **Waking Staff**: *83*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *05/29/2026*

Inspection Dates and Department Representative

05/29/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *25* **Residents Served**: *18*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *40*

Have Physical Disability: *0*

Inspections / Reviews

05/29/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/18/2026*

07/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

07/15/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.
While the HIPAA Privacy Rule safeguards Protected Health Information (PHI), the Security Rule protects a subset of information covered by the Privacy Rule. This subset is all individually identifiable health information a covered entity creates, receives, maintains, or transmits in electronic form. This information is called electronic protected health information, or e-PHI. The Security Rule does not apply to PHI transmitted orally or in writing.
On [redacted], at 9:48 AM, the facility received a fax containing copies of the residents' medications from an unknow outside source. The fax indicated that these medications were outside the facility, unlocked, unattended, and accessible. The images from the fax included blister packs of [redacted] tablets for resident [redacted], packs of syringes of [redacted] for resident [redacted] blister packs of [redacted] tablets for resident [redacted] [redacted] tablets for residents [redacted] and [redacted] and [redacted] for resident [redacted]. The medications in the fax were allegedly destroyed according to the homes destruction logs.

Plan of Correction ***Accept [redacted] - 07/15/2026)***

As a result of the internal investigation which begun immediately upon receipt of the fax on 4/15/2026, as well as the DHS investigation conducted on 5/29/2026, staff member A was terminated on 7/1/2026 due to violation of regulation 2600.18. Staff member A had been on leave since 4/1/2026 due to an unrelated issue.

Additionally, on 6/23/2026 in person training was conducted via the Town Hall Meeting with all Sunrise of Lafayette Hill team members, which included all managers, care managers, housekeepers, maintenance staff concierges, sales team members, nurses, medication care managers, activities staff, and all dietary staff on the requirements of regulation 2600.18 to ensure understanding and ongoing compliance as it pertains to applicable laws and resident privacy. See attached forms. All of the aforementioned team members will also be required to complete an online learning course related to HIPAA policy and privacy laws by 7/31/2026, this includes the executive director.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)

183f - Discontinued Medications

2. Requirements

2600.

183f Discontinued Medications *(continued)*

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Images of the following medication blister packs with the medications inside were sent by fax to the facility from an outside source: [redacted] prescribed to resident [redacted], [redacted] prescribed to resident [redacted] tablets prescribed to resident [redacted] an [redacted] tablet prescribed to resident [redacted] an [redacted] tablet prescribed to resident [redacted], and a [redacted] tabs prescribed to resident [redacted] This is not an approved method of destroying medications according to the Department of Environmental Protection and federal and state regulations. Staff persons A and B signed the destruction logs indicating these medications were destroyed. The home does not know how these medications were removed from the facility.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

Upon receipt of the fax on 4/15/2026 an internal investigation was started by the Executive Director and the Resident Care Director. At that time staff A was on leave since 4/1/2026 unrelated to this complaint and staff B's last day of employment was 3/10/2025. Residents [redacted] through [redacted] were discharged from the community in 2024, therefore only a documentation review and interviews with team members could be completed. There were no physical medications to audit or review. There were no complaints from residents or families of missing medication from the timeframe and there was no reason to suspect that medications were removed from the building and not destroyed per protocol as documentation indicated. The location of the photos contained in the fax could not be determined, however, in an interview with staff member A [redacted] did state that [redacted] had those photos in [redacted] phone and that [redacted] phone must have been hacked. This is an obvious privacy violation which led to termination. All narcotics MARs and narcotic count sheets for residents in the building as of the receipt of the fax were audited and found to be without issue.

On 6/3/2026 all of the wellness nurses, medication care managers, and any lead care manager certified to pass medication, were retrained on the requirements of regulation 2600.183.f. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.

184a Resident's Meds Labeled *(continued)*

3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted]'s [redacted] tab does not include the current instructions for administration. The medication administration record states take 1 tab by mouth every 24 hours as needed. The pharmacy label states take 1 tab by mouth at bedtime.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

Upon discovery on 5/29/26, the Resident Care Director confirmed the order for resident #7's Lorazepam with the prescribing physician. It was found that the order was changed upon admission on 5/12/26 from a straight order to a PRN order that could be given every 24 hours as needed. Upon review of the EMAR, it was found that the resident was given the medication in line with the PRN order, the resident did not request or receive the PRN medication from 5/12 through 5/29. The "change of direction" label was not placed on the medication blister card at the time the order was entered into the system at admission. Upon discovery, the label was immediately applied to the blister pack by the Resident Care Director.

A full audit of all prescribed medications for resident [redacted] was conducted for the month of May 2026 and found to be without issue.

Once weekly beginning 6/1/26 through 7/31/26 the Resident Care Director or designee will audit 2 residents per cart to ensure that labels are present for all prescription medication to include the information required by regulation 184a.

On 6/3/2026 all of the wellness nurses, medication care managers, and any lead care manager certified to pass medication, were retrained on the requirements of regulation 2600.184.a. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)

185b - Medication Procedures

4. Requirements

2600.
185.b. At a minimum, the procedures must include:
1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.

185b Medication Procedures *(continued)*

3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resid[redacted]t who self-administers medication without the assistance of a staff person and stores the medication in [redacted] room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors. On [redacted], at 9:48 am, the facility received an anonymous fax. The fax reported concerns that staff person A allegedly removed the resident's medication, to include narcotic medication, from the facility. The fax contained photos, including blister packs of [redacted] tablets for resident [redacted], packs of syringes of [redacted] for resident [redacted], blister packs of [redacted] tablets for resident [redacted], an [redacted] tablet for resident [redacted] an [redacted] tablet for resident [redacted], and a [redacted] tabs for resident [redacted]. According to the home's policy for missing or discrepant controlled substances, the home will call local law enforcement and report the incident. The home failed to contact the local law enforcement and report the fax received.

Plan of Correction ***Accept [redacted] - 07/15/2026)***

Upon receipt of the fax on 4/15/2026 an internal investigation was started by the Executive Director and the Resident Care Director. At that time staff A was on leave since 4/1/2026 unrelated to this complaint and staff B's last day of employment was 3/10/2025. Residents 1 through 6 were discharged from the community in 2024, therefore only a documentation review and interviews with team members could be completed. There were no physical medications to audit or review. There were no complaints from residents or families of missing medication from the timeframe and there was no reason to suspect that medications were removed from the building and not destroyed per protocol as documentation indicated. The location of the photos contained in the fax could not be determined, however, in an interview with staff member A [redacted] did state that [redacted] had those photos in [redacted] phone and that [redacted] phone must have been hacked. This is an obvious privacy violation which led to termination.

At the direction of the DHS inspector on 5/29/2026, the executive director contacted local law enforcement. On 5/29/2025 at 6PM, Colleen Miller met with Officer Richard Zadroga of the Whitemarsh Township Police Department. Officer Zadroga was given a verbal explanation of the complaint and the findings of the internal investigation. [redacted] was also provided with a copy of the complaint that was received via anonymous fax as well as subsequent investigatory statements and documentation. The incident number with the Whitemarsh PD is 2026 06395. Officer Zadroga stated that if the detectives determined this needed to be looked in to further that there would be outreach to the Executive Director for additional information or statements as needed. [redacted] noted that due to the length of time since the actual residents were present in the building, over two years, that it would be unlikely that there would be further action, but that this would be determined after review. As of the writing of this report on 7/10/2026, there has been no further contact from the Whitemarsh PD.

On 6/3/2026 all of the wellness nurses, medication care managers, executive director, resident care director and any lead care manager certified to pass medication, were retrained on the requirements of regulation 2600.185.b. to ensure understanding and ongoing compliance as it pertains to reporting of suspected missing controlled medications. See attached forms.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

185b - Medication Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] Tab; take one tablet by mouth every 8 hours as needed for pain. Resident [redacted] May 2026 medication administration record does not include the initials of the staff person who administered [redacted] Tab on [redacted] at 19:00, [redacted] at 9:15 am, [redacted] at 19:00, [redacted] at 19:00, [redacted] at 19:00, and [redacted] at 9:00 am.

Plan of Correction ***Accept [redacted] - 07/15/2026)***

Upon discovery on 5/29/2026 of the medication administration record for resident #8 not showing the staff who administered the medication initials, documentation was amended via a late entry on the EMAR and in progress notes. The entry noted that on 05/13/26 at 19:00, 05/16/26 at 9:15 am, 05/16/26 at 19:00, 05/21/26 at 19:00, 05/22/26 at 19:00, and 05/29/26 at 9:00 am resident [redacted] was administered Tramadol 50mg Tab as prescribed.

A full audit of all prescribed medications for resident [redacted] was conducted for the month of May 2026 and found to be without issue.

Once weekly beginning 6/1/26 through 7/31/26 the Resident Care Director or designee will audit 2 residents per cart to ensure that MARs are reviewed for any documentation discrepancies as compared to the narcotic count log.

On 6/3/2026 all of the wellness nurses, medication care managers, and any lead care manager certified to pass medication, were retrained on the requirements of regulation 2600.187.b. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident [redacted] is prescribed [redacted]; take one capsule by mouth twice a day for pain. However, resident [redacted] was not administered [redacted] on [redacted] in the morning. According to the Narcotic Log, the medication was not administered however the medication administration record was initialed as administered by staff person C.

Plan of Correction ***Accept [redacted] - 07/15/2026)***

Upon discovery on 5/29/2026 of the narcotic log for resident #9 not matching the medication administration record documentation was amended via a late entry on the EMAR and in progress notes. The entry noted that on 5/23/2026 resident #9 refused this and all other medications after several attempts by staff member C. Staff member C had signed off on the EMAR indicating a med pass occurred and subsequently the resident refused. The medication was found to be present and the narcotic count was correct to indicate that the medication was not administered.

A full audit of all medications for resident [redacted] was conducted for the month of May 2026 and found to be without issue.

Once weekly beginning 6/1/26 through 7/31/26 the Resident Care Director or designee will audit 2 residents per cart to ensure that MARs are reviewed for any documentation discrepancies as compared to the narcotic count log.

On 6/3/2026 the Resident Care Director, wellness nurses, medication care managers, and any lead care manager certified to pass medication, were retrained on the requirements of regulation 2600.187.d to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during quarterly QAPI meetings for 2 quarters by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to ensure the violation does not occur again. The POC will be reviewed at the QAPI meeting on 10/6/2026 and 1/5/2027.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 07/15/2026)