

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

October 5, 2026

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
WELLTOWER OPCO GROUP LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2026 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: *Full*Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal*Exit Conference Date: *08/17/2026*

Inspection Dates and Department Representative

08/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105*Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes*Area: *reminiscence*Capacity: *25*Residents Served: *20*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *69*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *41*Have Physical Disability: *1*

Inspections / Reviews

08/17/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/11/2026*

09/17/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/01/2026*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/22/2026*

Inspections / Reviews (*continued*)

09/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/02/2026

10/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

183d - Prescription Current**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/17/2026, Trimethoprim-sulfamethoxazole tab prescribed for Resident 1, was in the home's medication cart; however, the medication was discontinued on 8/14/2026.

Plan of Correction

Accept ([REDACTED] - 09/29/2026)

On 8/17/2026, Resident Care Director immediately removed Trimethoprim-sulfamethoxazole.

On 8/17/2026, Resident Care Director conducted an audit on medication carts to ensure that all medications were discontinued are no longer present in medication cart.

Beginning on 8/17/2026, Resident Care Director educated Wellness Nurses and Medication Care Managers on regulation 183D, specifically on the process for removing medications from the medication cart.

Beginning on 8/17/2026 and weekly for six weeks, Resident Care Director will conduct an audit on medications that are discontinued to ensure they are not present in the medication cart.

The POC and monitoring process will be discussed during quarterly QAPI meetings for two 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.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented ([REDACTED] - 10/05/2026)

184a - Resident's Meds Labeled**2. 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.
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

On 8/17/2026, Resident 2 is prescribed Latanoprost Eye Drops .005%. The pharmacy label on the medication states to instill one drop in right eye at bedtime for glaucoma. The Medication Administration Record states to instill one drop in both eyes at bedtime for glaucoma.

Repeated Violation: 5/29/2026

Plan of Correction

Accept ([REDACTED] - 09/17/2026)

On 8/17/2026, Resident Care Director applied a change of direction sticker for the Latanoprost to direct persons' administering medications to refer to the MAR.

184a - Resident's Meds Labeled (continued)

On 8/17/2026, Resident Care Director conducted an audit on the medication carts to ensure that we are in compliance with regulation 184A, specifically that all labels match the MAR.

On 8/17/2026, The Resident Care Director educated Wellness Nurses and all Medication Care Managers on 184A, specifically to ensure that all medications labels match the MAR.

Beginning on 8/17/2026 and weekly for six weeks, Resident Care Director or Wellness Nurse will audit eight residents a week on the medication carts to ensure that we are in compliance with regulation 184A, specifically ensuring that all labels match the MAR.

The POC and monitoring process will be discussed during quarterly QAPI meetings for two 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.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/05/2026)

185a - Implement Storage Procedures**3. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/17/2026 at 10:32 am, the glucometer belonging to Resident 3 was not calibrated correctly, it had the time of 8:34 am.

Plan of Correction

Accept () - 09/17/2026)

On 8/17/26, the Resident Care Director immediately replaced the glucometer with one that was correctly calibrated.

On 8/17/2026, Resident Care Director checked all glucometers in the building to ensure that we are in compliance with 185A, specifically ensuring that all times are calibrated appropriately.

Beginning on 8/17/2026 and weekly for six weeks, Resident Care Director or Wellness Nurse will audit each glucometer in the building to ensure appropriate storage, labeling and calibration to ensure compliance with regulation 185A.

The POC and monitoring process will be discussed during quarterly QAPI meetings for two 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.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/05/2026)