

Department of Human Services
Bureau of Human Service Licensing

September 17, 2021

██████████ ADMINISTRATOR
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
ATTN - MENERVA PHILSON
MCLEAN, VA 22102

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

September 10, 2021

██████████ ADMINISTRATOR
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
ATTN - MENERVA PHILSON
MCLEAN, VA 22102

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SUNRISE OF LAFAYETTE HILL* License #: *14324* License Expiration Date: *12/15/2021*
Address: *429 RIDGE PIKE, LAFAYETTE HILL, PA 19444*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6109403888* Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*
Phone: *6109403888* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *08/23/2021*

Inspection Dates and Department Representative

08/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *53*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *11*

Hospice

Current Resident: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

08/23/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *09/09/2021*

9/10/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/17/2021*

9/17/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/23/21 at 12:15pm, the plastic motion sensor light in the bathroom in bedroom [redacted] in Memory Care, was broken and had a hole in it.

Plan of Correction

Accept

The motion sensor light in bedroom [redacted] was replaced by the Maintenance Director (MC).

An audit was conducted of all motion sensor lights to verify they are in good repair.

The MC or a designee conduct a weekly walk through of the facility to verify motion sensor lights are in good repair.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

completed.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 8/23/21 at 12:20pm, the first aid kit in Reminiscence community did not contain adhesive tape.

Plan of Correction

Accept

The adhesive tape was added immediately to the first aid kit in Reminiscence neighborhood.

All first aid kits were audited to verify they contain all required contents per 2600.96a, including the adhesive tape.

The ED reviewed the requirements of the first aid kits and monthly monitoring requirements with the Reminiscence neighborhood coordinator.

The Reminiscence Coordinator or a designee conduct a monthly audit to verify they contain all required contents per 2600.96a, including the adhesive tape.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

see attached.

103f - Refrigerator/Freezer Temps

1. 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 Repeat Violation

On 8/23/21 at 11:30am the temperature in the ice cream freezer was 5 degrees Fahrenheit and the temperature in the milk refrigerator was 44 degrees Fahrenheit

Repeat et al 11/04/2020

Plan of Correction

Accept

The temperature in the ice cream freezer was adjust to 0 degrees Fahrenheit.

The temperature in the milk refrigerator was adjusted to 40 degrees Fahrenheit.

The refrigeration temperature requirements was reviewed with the Dining Services Coordinator (DSC).

The DSC or designee monitors the ice cream freezer and milk refrigerator temperatures during weekly a walk-through of the kitchen.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

See attached.

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

On 8/23/21 at 11:50am, resident bedroom [redacted] was open, unattended and accessible. In the bedroom there were 3 prescription medications (Ketotifen Fumarate .025% eye drops, Artificial Tear Solution Polyvinyl Alcohol 1.4% eye drops, and Deep Sea Premium Nasal Spray) on bedside table and 1 prescription medication, Diclofenac Sodium 1% gel, on the bathroom counter.

Resident #4 self-administers medication. On 8/23/21 at 12:00pm, Resident #4's bedroom [redacted] was open, unattended, and accessible. Resident #4's medication was sitting unlocked on the television table.

181d - Storing Medication (continued)

Plan of Correction

Accept

The medications that were in room [redacted] was secured in the residents bedside table. The Executive Director meet with the resident and reviewed requirements.

The incident was reviewed with resident #4 by the Executive Director and all medications were secured. The Wellness Nurse completed a self-medication review with resident #4 from room [redacted].

The Wellness Nurse conducted an audit of resident rooms for residents that self-administer medications to verify they are secured and remind residents of requirements.

The Executive Director reviewed requirements for securing medications and assessing resident for ability to self-administer with the Medications Care Managers, Wellness Nurses. with appropriate staff.

The Wellness Nurse or designee conducts monthly assessments of resident rooms for residents that self-administer medications to verify they still meet requirements, that medications are secured and again reminded residents of the requirements.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

Completed.

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

True Matrix test strips belonging to resident #3 expired on 5/29/2020. However the strips were observed in the 3rd floor medication cart on 08-11-2021.

Plan of Correction

Accept

The True Matrix test strips belonging to resident #3, observed in the 3rd floor medication cart on 08-11-2021, were ordered immediately and replaced.

A full carts audit was done to check for other expired test strips. The Medication administration trainer and Executive Director reviewed the incident with Medication Care Managers (MCM) and LPN MCM.

The Executive Director reviewed requirements for verifying supplies are available and not expired with the Medications Care Managers, Wellness Nurses.

The Medication Care Managers designee continue to monitor verifying supplies are available and not expired during monthly cart audits.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

183d - Prescription Current *(continued)*

Document Submission
completed.

Implemented

184a - Labeling OTC/CAM

1. 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 Repeat Violation

Resident #2 is prescribed Albuterol Sulfate HFA 2 puff inhale orally every 8 hours as needed. However, the medication label reads every 6 hours as needed.

Repeat et al 11/04/2020

Plan of Correction

Accept

The Wellness Nurse obtained a corrected label for Resident #2's prescribed Albuterol Sulfate HFA medication. The label now reads every 6 hours as needed.

A full carts audit was done to check for other incorrect medication labels.

Medication label requirements was reviewed the Wellness team by the ED and the process for obtaining corrected labels if an error is identified.

The Medication Care Managers designee continue to monitor verifying medication labels are accurate and match the medication order during monthly cart audits.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission
completed.

Implemented

185a - Implement Storage Procedures

1. 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.

185a - Implement Storage Procedures (continued)

Description of Repeat Violation

The Glucometer reading for Resident #1 on 8/13/21 at 8:00am was 267 but was documented in the Medication Administration Record as 225.

The Glucometer reading for Resident #2 on 8/4/21 at 5:00pm was 235 but was documented in the Medication Administration Record as 223.

The Glucometer reading for Resident #2 on 8/6/21 at 5:00pm was 238 but was documented in the Medication Administration Record as 235.

Repeat et al 11/04/2020

Plan of Correction

Accept

The Medication Care Manager (MCM) misread the order for blood sugar as blood pressure and was documenting blood pressures instead of blood sugars (Accuchecks).

The MCM was re-educated on how to review a Medication Administration Record (MAR) and the procedure on administering/documenting medications. Additional skill observations were conducted.

During weekly medication cart audits the MCMs or designee will review the Medication Administration Records and compare them to the glucometers to verify the readings were documented correctly.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

see attached.

2. 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 Repeat Violation

Resident #1 is prescribed Voltaren Gel 1% apply to right hip, right knee every 12 hours as needed. On 8/23/21 this medication was not available in the home.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

The medication for resident #1 has since been discontinued by the provider.

The Medication Care Managers conducted a cart audit to verify all medications are available.

The Executive Director provided re-education to the medication care managers on conducting medication cart audits and verifying medications are available, and the re-ordering procedures.

During weekly medication cart audits the MCMs or designee will review the Medication Administration Records and compare them to the medication inventory to verify that medications are available. correctly.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission**Implemented**

see attached.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Repeat Violation

The medication administration record for resident #1 shows the following readings that were not on glucometer: 8/1/21 8AM 144; 8/1/21 12PM 135; 8/1/21 4PM 142; 8/6/21 8AM 168; 8/6/21 12PM 142; 8/6/21 4PM 135; 8/9/21 8AM 150; 8/9/21 12PM 149; 8/9/21 4PM 130; 8/11/21 8AM 160; 8/11/21 12PM 147; 8/12/21 8AM 160; 8/12/21 12PM 126; 8/15/21 8AM 170; 8/15/21 5PM 153; 8/16/21 8AM 133; 8/20/21 5PM 172. There are no other readings on the glucometer at those times. There are 2 other glucometers on the 2nd floor carts. Both glucometers were checked and did not have readings that matched the documented readings on resident #1's medication administration record.

Repeat et al 11/04/2020

187a - Medication Record (continued)

Plan of Correction**Accept**

The Medication Care Manager (MCM) misread the order for blood sugar as blood pressure and was documenting blood pressures instead of blood sugars (Accuchecks).

The MCM was re educated on how to review a Medication Administration Record (MAR) and the procedure on administering/documenting medications. Additional skill observations were conducted.

During weekly medication cart audits the MCMs or designee will review the Medication Administration Records and compare them to the glucometers to verify the readings were documented correctly.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date 09/09/2021

Document Submission**Implemented**

see attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Repeat Violation

Resident #1 is prescribed to have blood sugar checks two times a day for diabetes starting 8/14/21. The medication administration record for resident #1 shows the following readings that were not on glucometer: 8/15/21 8AM 170; 8/15/21 5PM 153; 8/16/21 8AM 133; 8/20/21 5PM 172.

There are no other readings on the glucometer at those times. There are 2 other glucometers on the 2nd floor carts. Both glucometers were checked and did not have readings that matched the documented readings on resident #1's medication administration record. It was determined that Resident #1 did not have two blood sugar checks on 8/15/21, 8/16/21, and 8/20/21 as prescribed.

Resident #1 is prescribed to have blood sugar checks three times a day for diabetes from 6/17/21 to 8/13/21. The medication administration record for resident #1 shows the following readings that were not on glucometer: 8/1/21 8AM 144; 8/1/21 12PM 135; 8/1/21 4PM 142; 8/6/21 8AM 168; 8/6/21 12PM 142; 8/6/21 4PM 135; 8/9/21 8AM 150; 8/9/21 12PM 149; 8/9/21 4PM 130; 8/11/21 8AM 160; 8/11/21 12PM 147; 8/12/21 8AM 160; 8/12/21 12PM 126.

There are no other readings on the glucometer at those times. There are 2 other glucometers on the 2nd floor carts. Both glucometers were checked and did not have readings that matched the documented readings on resident #1's medication administration record. It was determined that Resident #1 did not have three blood sugar checks on 8/1/21, 8/6/21, 8/9/21, 8/11/21, and 8/12/21 as prescribed.

Resident #1 is prescribed to have blood sugar checks three times a day for diabetes from 6/17/21 to 8/13/21. However, there were only two blood sugar checks completed on 8/13/21.

Repeat et al 11/04/2020

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

The Medication Care Manager (MCM) misread the order for blood sugar as blood pressure and was documenting blood pressures instead of blood sugars (Accuchecks).

The MCM was re educated on how to review a Medication Administration Record (MAR) and the procedure on administering/documenting medications. Additional skill observations were conducted.

During weekly medication cart audits the MCMs or designee will review the Medication Administration Records and compare them to the glucometers to verify the readings were documented correctly.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date 09/09/2021

Document Submission

Implemented

see attached.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Repeat Violation

Resident #5's support plan was completed on 4/27/21; However it was not signed, marked for refusal, unable to participate, declined, or unable to sign by the resident.

Resident #6's support plan was completed on 3/1/21; However it was not signed, marked for refusal, unable to participate, declined, or unable to sign by the resident

Resident #7's support plan was completed on 4/22/21; However it was not signed, marked for refusal, unable to participate, declined, or unable to sign by the resident

Repeat et al 12/11/2020

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

The Care Coordinator meet with Resident #5 and their responsible party, to review the support plans the support plan meeting was documented and required signatures obtained.

The Care Coordinator meet with Resident #6 and their responsible party, to review the support plans the support plan meeting was documented and required signatures obtained.

The Care Coordinator meet with Resident #7 and their responsible party, to review the support plans the support plan meeting was documented and required signatures obtained.

The executive Director meet with the neighborhood coordinators are scheduling and documenting resident care plan meetings.

An audit of all support plans was conducted to verify that individuals who participated in the development of the support plan have signed and dated the support plan.

The Care Coordinators or designee verify that individuals who participated in the development of the support plan have signed and dated the support plan at the conclusion of family care plan (support plan) meetings.

Documentation of signature is maintained in the resident's record.

The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 09/09/2021

Document Submission

Implemented

see attached