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

September 12, 2025

[redacted], REGIONAL DIRECTOR OF OPERATIONS
WELLTOWER OPCO GROUP LLC
[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 08/04/2025 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 LAFAYETTE HILL* **License #**: *14324* **License Expiration**: *12/15/2025*

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**: *114* **Waking Staff**: *86*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *08/04/2025*

Inspection Dates and Department Representative

08/04/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *68*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscense* **Capacity**: *25* **Residents Served**: *22*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *68*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *46* **Have Physical Disability**: *0*

Inspections / Reviews

08/04/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/30/2025*

09/04/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/09/2025*

Inspections / Reviews *(continued)*

09/04/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/12/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/12/2025*

09/12/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/12/2025*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The license inspection summary dated 11/04/2024 with the privacy coding attached was shown in a prominent and public location.

Plan of Correction ***Accept (- 09/04/2025)***

Upon discovery of the license inspection summary with privacy coding attached during the licensing inspection on 8/4/2025, the Executive Director immediately
removed the incorrect LIS and replaced it with the redacted version. This was in the Plan of Correction binder in the bistro area of the community and available for inspection and review.

Additionally, on 8/5/25 the Executive Director and Business Office Coordinator were retrained on the requirements of regulation 2600.17 to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 on 9/10/2025.

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented (- 09/12/2025)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.
28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged on and removed their belongings on The home did not provide the required refund until

Plan of Correction ***Accept (- 09/04/2025)***

Upon discovery of the late refund for Resident 1 the Business Office Coordinator and Executive Director completed

28f - Resident's Funds and 30-day Refund (continued)

an audit of all of the discharges from 2024 and 2025 through 8/5/2025. No further issues were discovered.

Additionally, on 8/5/25 the Executive Director and Business Office Coordinator were retrained on the requirements of regulation 2600.28.f. to ensure understanding and ongoing compliance. See attached forms. Ongoing, the Executive Director and Business Office Coordinator will continue to review all resident refunds and ensure compliance with regulation 2600.28.f. as needed during daily stand-up.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented ([redacted] - 09/12/2025)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The main kitchen freezer was dirty inside and out. There was a white substance crusted over in the bottom of the freezer. In addition, the water dispenser's exterior was discolored and covered in grime.

Plan of Correction ***Accept ([redacted] - 09/04/2025)***

Upon discovery of the white substance (spilled milkshake) in the freezer during the licensing inspection on 8/4/2025, the Lead Care Manager immediately cleaned the freezer. The Lead Care Manager also immediately cleaned the water dispenser as well. This violation was discovered in the freezer in the memory care neighborhood. Additionally, all other refrigerators and freezers that store resident food within the community were immediately inspected and found to be without issue and all were in compliance of regulation 2600.85.a.

Beginning 8/5/2025 through 8/19/2025, the Reminiscence Coordinator or Lead Care Manager as designee then completed daily sanitation checks, checking the refrigerator and freezer for the presence of any sanitary issues to verify compliance. No further issues were discovered.

Additionally, on 8/5/25 all of the cooks, dishwashers and servers in the dietary department as well as the staff in the memory care neighborhood were retrained on the requirements of regulation 2600.85.a. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented ([redacted] - 09/12/2025)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were three 3-gallon containers opened and unsealed in the ice cream freezer.

Plan of Correction ***Accept ([redacted] - 09/04/2025)***

Upon discovery of the ice cream containers that were not properly sealed during the licensing inspection on 8/4/2025, the Executive Director immediately sealed the three containers with the lids which were present. Additionally, all other refrigerators and freezers that store resident food within the community were immediately inspected and found to be without issue of any food that was not properly sealed or stored and all were in compliance of regulation 2600.103.g.

Beginning 8/5/2025 through 8/19/2025, the Dining Services Coordinator or Lead Cook as designee then completed daily checks, checking the refrigerator and freezer as well as the ice cream freezer for the presence of any issues with food not sealed or stored properly to verify compliance. No further issues were discovered.

Additionally, on 8/5/25 all of the cooks, dishwashers and servers in the dietary department were retrained on the requirements of regulation 2600.103.g. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented ([redacted] - 09/12/2025)

132h - Designated Meeting Place

5. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to resident and staff interviews, during fire drills residents are not evacuating to a designated meeting

132h - Designated Meeting Place (continued)

place away from the building or within the fire-safe area unless the "fire" is occurring in their area.

Plan of Correction ***Accept (- 09/04/2025)***

In response to the violation for regulation 132.h. the following plan of correction was put into place.

On 8/27/2025 a meeting was held with the Whitemarsh Township Fire Marshall, and Deputy Fire Marshal/Fire Inspector along with the Executive Director and Maintenance Coordinator to discuss regulation 132.h. and the violation received. The Fire Marshal and Deputy Fire Marshal walked the building with the Executive Director and the Maintenance Coordinator confirming each fire-safe area and noting the designated meeting place within each fire-safe area. The designated meeting place for each fire-safe area is the area of the hallway on the opposite side of the stairwell door, so as not to obstruct egress.

On 8/27/2025 during the monthly Town Hall Meeting the entire team was reeducated on regulation 2600.132.h. and was informed of the designated meeting place for each fire-safe area.

Additionally, on 8/27/2025, via Resident Council and through direct conversation with individual residents the residents were informed that during a fire drill they are to exit their suites, close the door behind them (if they can), and begin to make their way towards the designated meeting place in each fire safe area. The designated meeting space is the opposite side of the hallway from the stairwell door, lining up against the wall, so as not to obstruct the doorway for egress or the hallway.

Ongoing, this will be reviewed with each newly hired team member during the initial fire safety training with the Maintenance Coordinator and annually thereafter with the Fire Safety Expert. Regulation 132.h., fire drill procedures and the designated meeting spaces within the fire-safe zones, will also be reviewed in Resident Council meetings moving forward beginning in August 2025.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented (- 09/12/2025)

183b - Meds and Syringes Locked

6. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The second-floor medication cart and the third-floor medication card were unlocked and unattended at 9:34 a.m. and 1:49 p.m., respectively.

183b - Meds and Syringes Locked *(continued)*

Plan of Correction ***Accept (- 09/04/2025)***

Upon discovery, during the licensing inspection on 8/4/2025, of the second floor medication cart being unlocked at 9:34am and the third floor medication cart being unlocked at 1:49pm the medication carts were immediately locked by the Maintenance Coordinator and the Executive Director, respectively. Additionally, all other medication carts were immediately checked by the Resident Care Director after each occurrence and found to be without issue at the time of inspection by the Resident Care Director and all were in compliance of regulation 2600.85.a. The immediate checks by the Resident Care Director were performed one after the 9:34am discovery and one after the 1:49pm discovery.

Beginning 8/5/2025 through 8/19/2025, the Resident Care Director, Wellness Nurse or Medication Care Manager as designee then completed daily compliance checks, twice a day, for the presence of any issues related to secured medication storage and to verify compliance with regulation 2600.183.b. No further issues were discovered.

Additionally, on 8/5/25 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.b. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

Licensee's Proposed Overall Completion Date: 09/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented (- 09/12/2025)

183e - Storing Medications

7. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Lorazepam 5 mg prescribed for resident 2 was torn on the back of spot #7 and the pill was still in place.

Lorazepam 5 mg prescribed for resident 3 was torn on the back of spot #6 and the pill was still in place.

Plan of Correction ***Accept (- 09/04/2025)***

Upon discovery of the torn blister packs for resident 2 and resident 3 during the licensing inspection on 8/4/2025, the medications were immediately wasted in accordance with protocol, the narcotic count sheet was immediately updated and replacement medications were ordered and received on 8/5/2025 at no cost to the resident. Additionally, all other medication carts were immediately checked by the Resident Care Director and Wellness Nurse and found to be without issue and all were in compliance of regulation 2600.183.e.

183e - Storing Medications (continued)

Beginning 8/5/2025 through 8/26/2025, the Resident Care Director, Wellness Nurse or Medication Care Manager as designee then completed weekly audits, for the presence of any issues related to medication storage and to verify compliance with regulation 2600.183.e. No further issues were discovered.

Additionally, on 8/5/25 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.e. to ensure understanding and ongoing compliance. See attached forms.

The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months 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 9/10/2025.

Licensee's Proposed Overall Completion Date: 9/4/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented ([redacted] - 09/12/2025)