

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

March 14, 2023

[REDACTED], AUTHORIZED REP  
Welltower OpCo Group LLC  
[REDACTED]  
[REDACTED]

RE: Sunrise of North Wales  
1419 Horsham Road  
North Wales, Pa, 19454  
LICENSE/COC#: 14806

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2021 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 North Wales* **License #:** *14806* **License Expiration:**  
**Address:** *1419 Horsham Road , North Wales , Pa 19454*  
**County:** *MONTGOMERY* **Region:** *SOUTHEAST*

**Administrator**

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

**Legal Entity**

**Name:** *Welltower OpCo Group LLC*  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *1 2* **Date:** *12/21/2012* **Issued By:** *Horsham Township*

**Staffing Hours**

**Resident Support Staff:** *0* **Total Daily Staff:** *103* **Waking Staff:** *77*

**Inspection Information**

**Type:** *Full* **Notice:** *Announced* **BHA Docket #:**  
**Reason:** *Change Legal Entity* **Exit Conference Date:** *09/10/2021*

**Inspection Dates and Department Representative**

*09/10/2021* **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b>		<b>Residents Served:</b>	<i>67</i>
Secured Dementia Care Unit			
<b>In Home:</b> <i>Yes</i>	<b>Area:</b> <i>REMINISCENCE</i>	<b>Capacity:</b> <i>58</i>	<b>Residents Served:</b> <i>26</i>
Hospice			
<b>Current Residents:</b> <i>0</i>			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> <i>0</i>		<b>Are 60 Years of Age or Older:</b> <i>67</i>	
<b>Diagnosed with Mental Illness:</b> <i>2</i>		<b>Diagnosed with Intellectual Disability:</b> <i>0</i>	
<b>Have Mobility Need:</b> <i>36</i>		<b>Have Physical Disability:</b> <i>0</i>	

**Inspections / Reviews**

**09/10/2021 - Full**  
**Lead Inspector:** [REDACTED] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/15/2021*

Inspections / Reviews (*continued*)

## 10/11/2021 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2021

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/14/2021

## 03/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2021

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/10/21, at 10:13 am, the mattress cover in room 201 was soiled and stained. The vent located in the memory care common area bathroom had a visible film of dust.

POC Submission

Accept

The care manager removed the soiled bed linen and replace it with a clean one in room #201.

Maintenance coordinator (MC) and assistant cleaned vent in memory care common area bathroom.

An audit of all rooms was be conducted per care manager for their respective assignment to verify that that there are no soiled linens and replace as needed.

MC and assistant audited all vents and cleaned all those with visible dust.

During the Townhall meeting the care managers and medication care managers were be re-educated on the following sanitation practices:

- Checking for soiled bed linens when the beds are being made and replace as needed

MC and assistant to clean all vents during monthly ventilation inspections.

The neighborhood coordinators will randomly check resident beds to verify soiled bed linens are being replaced as needed. Additional education will be provided based on findings.

MC and assistant will clean vents between monthly ventilation inspections as needed during random checks

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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.

Licensee's Proposed Overall Completion Date: 09/10/2021

Document Submission

Implemented

I have attached the Town Hall meeting agenda from 9/28/21 where we highlighted the changing of soiled bed linens and cleaning of soiled bed linens. The sign in sheet of the staff in attendance is attached as well.

Licensee's Proposed Overall Completion Date: 09/28/2021

96a - First Aid Kit

2. Requirements

96a - First Aid Kit (continued)

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

The first aid kit in the Wellness Office on the 1st floor did not include goggles.

POC Submission

Accept

The eye covering for the first aid kit located in the medication room of the 1st floor was attached to the kit.

The RCD or designee conducted an audit of the first aid kits in the community and verified that all required contents were available, including the eye covering.

The ED purchased larger first aid kit boxes to include all required items inside the kit. The kits are zipped to assist in monitoring use.

On a monthly basis the RCD or designee will check all community first aid kits and verify all required contents are available in the kit.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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.

Licensee's Proposed Overall Completion Date: 09/10/2021

Document Submission

Implemented

No additional items requested.

Licensee's Proposed Overall Completion Date: 09/10/2021

183a - Original Containers and Injections

3. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [redacted], [redacted] for resident #1 was pre-poured in a medication cup. This medication was not scheduled for administration until wound care was complete.

POC Submission

Accept

The Resident Care Director (RCD) immediately removed and discarded the medication, [redacted] gel, that was found on the medication cart in the locked reminiscence medication room for Resident 1.

The RCD met with the Wellness Nurse to review medication administration procedures and practices.

An audit of all medication carts was conducted by the RCD or designee to verify there were no additional pre-poured medications in carts.

**183a - Original Containers and Injections (continued)**

*The RCD met with the Wellness Department and review medication administration procedures and practices. During medication care manager observations, the RCD (Medication Administration Trained Trainer), verifies medication administration procedures and practices are being followed.*

*The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) 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.*

**Licensee's Proposed Overall Completion Date:** 09/10/2021

**Document Submission****Implemented**

*No additional items requested.*

**Licensee's Proposed Overall Completion Date:** 09/10/2021