



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail:

Mailing Date: April 20, 2018

Mr. Michael J. Stein, Authorized Representative
Welltower OpCo Group, LLC
7902 Westpark Drive
McLean, Virginia, 22102

RE: Sunrise of Paoli
324 W. Lancaster Avenue
Malvern, Pennsylvania, 19355
License # 143250

Dear Mr. Stein:

As a result of the Department of Human Services' licensing inspection on March 27, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Parker".

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 14326 - 03/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 3/17/18, resident #1 asked Staff person C repeatedly "where is my husband"? Staff Persons A and B heard Staff Person C tell resident #1 "I will smack the shit out of you." She also said "she's getting on my nerves".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

J. Rochester

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Jessica Rochester, E.D.

Date

4/16/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-16-18
 (Date)

Plan of correction implementation status as of 4-20-18
 (Date)

The above plan of correction was approved by SP
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14325 - 03/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 3/17/18, Staff Persons A and B heard Staff Person C tell resident #1 that she will "smack the shit out of her." Staff Person A did not report the incident to Staff person D until 3/20/18 and Staff person B failed to report the incident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Rochester*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Rochester, E.D.* Date *4/16/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-16-18</u> (Date)	Plan of correction implementation status as of <u>4-20-18</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of Paoli
 Address of PCH: 324 Lancaster Avenue, Malvern, PA 19355
 License number: 14325
 Inspection date(s): March 27, 2018
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Jessica Rochester Executive Director
 Signature of Sunrise Representative: [Signature]
 Date of Submission: 4/16/18

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
16 (c)	March 20, 2018	Upon our receiving notice of allegation, all required parties were immediately notified of allegation. This includes the Department of Human Services, Department of Aging, Physician, Family and Executive Director.
	March 21, 2018	The Reminiscence Coordinator submitted the incident report to the Department of Human Services on March 21, 2018 upon our receiving notice of allegation.
	March 20, 2018	Staff Person's A and B we verbally coached regarding reporting incidents timely. Staff Person's and A and B received one to one training on abuse prevention and reporting requirements.
	March 22, 2018	Team members that work in the Reminiscence neighborhood, where the incident occurred, were in-serviced on abuse prevention and reporting requirements. Training was done via several methods including videos and Instructor led discussion.
	March 28 th and 29 th , 2018	During the team member monthly town hall meeting, team members were in-serviced on abuse prevention and reporting requirements.
	March 29, 2018	Upon witnessing an incident or being told of an incident all team members are expected to immediately report the incident to their direct supervisor, then both the team member are required to notify the Executive Director. Immediate verbal reporting procedure are initiated by the ED or designee when required. The written incidents are reviewed during standup, every morning, and a decision is made

Signature of Sunrise Representative: [Signature], RHA
 Date of Submission: 4/16/18

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

