



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Mr. Edward A. Frantz
Vice President and Secretary
Welltower OPCO Group, LLC
Attn: Menerva Philson
7902 Westpark Drive
McClellan, Virginia 22102

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

Dear Mr. Frantz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 5 & 6 and 11, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 On 01/10/19, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or receive clearance from the Department before allowing staff person A to return to duties on 01/17/19.

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.

See attached 4/22/19 *MEJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, ED</i>	Date <i>4-22-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/22/19
 (Date)

The above plan of correction was approved by *MEJ*
 (Initials)

Plan of correction implementation status as of 4/22/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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): Feb. 5th, 6th and 11th 2019
 Name/Title of Legal Entity Representative Signing the Plan of Correction: _____

Signature of Sunrise Representative: *Gita Ellis*
 Date of Submission: 4-12-19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(b)	1/10/19	Upon notification of the allegation staff person A was immediately removed from resident areas and placed on administrative leave by Executive Director (ED), pending investigation.
	1/15/19	An investigation was conducted by the ED and the allegation was unsubstantiated.
	1/17/19	The ED permitted staff person A to return to work on a final written warning; was educated on resident rights, managing behavioral expressions, and abuse training. Assignment was changed to ensure no direct contact with resident #1.
	4/30/19 and ongoing	At time of hire and annually thereafter staff persons are provided training on resident rights, abuse, and managing behavioral expressions.
	4/25/19 and ongoing for 3 months	The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting to ensure it is still effective for 3 months. 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.

Signature of Sunrise Representative: *Gita Ellis*

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.

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Personal care homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.18	<p>3/1/19</p> <p>4/24/19</p> <p>4/25/19 and ongoing for 3 months</p>	<p>The ED obtained a copy of the DHS Influenza Poster and posted it in wellness office on 2nd floor, the lobby area by the front entrance, and the employee lounge.</p> <p>ED will ensure annually that poster is current and concierge and or designee will monitor monthly that posters are hung in above locations.</p> <p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>4/22/19 <i>my</i></p>

Signature of Sunrise Representative: _____

Cyber Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for resident #2 and #3 were not signed by the residents.

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.

See attached 4/22/19 *MJ*

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 (Required on EVERY Page) *Rita Ellis*

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.25(B)	2/11/19	The Director of Sales (DOS) completed the review and signing of the contract with Resident #2.
	02/14/19	Resident #3 no longer resides at the community.
	4/30/19	The ED and the DOS to conduct an audit of all resident contracts to verify signatures have been obtained at time of contract review and signing.
	2/11/19 and ongoing	Upon admission of the resident to the community, the ED/DOS will obtain signatures from the resident and the resident's responsible party during the contract review and signing.
	4/20/19	Prior to the monthly QAPI meeting the ED/DOS will review the Resident contracts that have been executed for the past month to ensure signature we obtained at time of contract review and signing.
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>MLJ</i></p>

Signature of Sunrise Representative: _____

Gita Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
 Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

See attached 4/22/19 *MG*

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.41(e)	2/11/19	The Director of Sales (DOS) completed the review and signing of the contract with Resident #2. This included the review of resident rights and the complaint procedures. A copy was provided to the resident.
	2/14/19	Resident #3 no longer resides at the community.
	4/30/19	The ED and the DOS to conduct an audit of all resident contracts to verify signatures have been obtained at time of contract review and signing, which includes the review of resident rights and the complaint procedures.
	2/11/19 and ongoing	Upon admission of the resident to the community, the ED/DOS will obtain signatures from the resident and the resident's responsible party during the contract review and signing which includes the review of resident rights and the complaint procedures.
	4/20/19	Prior to the monthly QAPI meeting the ED/DOS will review the Resident contracts that have been executed for the past month to ensure signature we obtained at time of contract review and signing.
	4/25/19 and ongoing for 3 months	The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.
		Maintain audits for Department review for a period of three years 4/22/19 <i>MG</i>

Signature of Sunrise Representative: *John Ellis*

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Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 11/05/18, has not held permanent residency in Pennsylvania since June of 2018. A federal criminal history record from the Federal Bureau of Investigation ("FBI check") was not requested.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RITA ELLIS, ED</i>	Date <i>4-12-19</i>
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.52	4/17/19	Staff person B enrolled into IndentoGO and is scheduled to complete fingerprinting.
	3/1/19	The Business Office Coordinator and the ED reviewed the requirements for which employees require an FBI background check.
	3/1/19 and ongoing	The BOC and/or designee will complete pre-hire paperwork with all new applicants and obtain two forms of identification and review residency of last seven years. If the applicant has lived out of state in the last two years, the BOC and/or designee will initiate the FBI criminal history check for the applicant.
	4/20/19	Prior to the monthly QAPI meeting the BOC and/or designee reviews the new hire files for the past month to verify compliance with the Older Adult Protective Service Act.
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Within 30 days receipt of the accepted POC, documentation will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 4/22/19 </p>

Signature of Sunrise Representative: _____

Gita Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the Reminiscence Unit did not include a thermometer and a breathing shield.

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.

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.96(a)	3/1/19	The thermometer and breathing shield were immediately added to the first aid kit on the Reminiscence Neighborhood (Secured Dementia Care Unit) by the Reminiscence Coordinator (RC).
	4/30/19	The RCD or designee will complete an audit of all first aid kits within the community and add or replace contents in accordance with regulation 2600.96(a). The RCD or designee will place a label inside of first aid kits with the required contents.
	4/24/19	The ED and RCD will in service staff persons during the next Town Hall and inform them of the required contents, locations and process for replenishing the contents of the first aid kits.
	4/20/19 and ongoing	The RCD or designee will audit the first aid kits prior to the monthly QAPI meeting to ensure it contains all required contents. Supplies will be ordered by community as needed.
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>MEJ</i></p>

Signature of Sunrise Representative: *Gita Ellis*

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Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(1) - If staff persons or volunteers of the home provide transportation for the residents, all vehicle occupants shall be in an appropriate safety restraint at all times the vehicle is in motion.

2a. DESCRIPTION OF VIOLATION
 On 12/19/18, staff persons C and D transported residents to look at Christmas light decorations. During the trip, resident #4's seat belt was not in proper working order and could not be fully secured while the vehicle was in motion.

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.

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Regulation 55 Pa.Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.171(b)(1)	12/19/18	Resident #4 was immediately assisted out of the wheelchair and put into a regular seat on the bus and secured by a seatbelt.
	2/13/19	The community bus was taken to Rover for inspection of wheelchair safety belts by Staff person C. All seat belts and wheelchair safety belts were checked for safety. Wheelchair safety belts were realigned and floor hooks were secure and in place.
	2/13/19	The Rover representative provided a demonstration to Staff person C on securing a wheelchair using the wheelchair safety belts.
	4/24/19	The Activities and Volunteer Coordinator (AVC) will conducted an in-service for staff person D on securing residents' wheelchair on the community bus with the wheelchair safety belts.
	4/25/19	The AVC or designee will in-service department coordinators, care managers, and activities staff, including Life Enrichment Managers, on securing residents' wheelchair on the community bus with the wheelchair safety belts before assisting with transporting residents on the bus.
	11/20/19	Community bus will be inspected annually for safety
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>MG</i></p>

Signature of Sunrise Representative: _____

[Handwritten Signature]

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 02/06/18, resident #3's record did not include a current list of medications. The list in the resident's record included Fish Oil Capsule 1,000 mg, Hydrochlorothiazide Tablet 12.5 mg and Januvia Tablet 100 mg. These items were not available with the resident's other medications..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.181(f)	<p>2/8/19</p> <p>2/14/19</p> <p>2/14/19 and on going</p> <p>3/1/19 and ongoing</p> <p>4/25/19 and ongoing for 3 months</p>	<p>Resident #3 was at the hospital during annual inspection. The RCD reviewed resident #3 orders with resident PCP and the resident's medication list was updated upon the resident return to the community.</p> <p>The RCD and/or Wellness Nurse conducted audits of all residents who self-administer to confirm all medications were available and the medications order/list matched.</p> <p>All residents who self-administer medications are requested to inform wellness if changes are made by their doctor.</p> <p>The RCD and/or Wellness Nurse will assess residents upon admission, monthly, every 6 months, and with a change of condition, in regards to self-administration of medications.</p> <p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>4/22/19 <i>MJ</i></p>

Signature of Sunrise Representative: *John Ellis*

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Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 02/06/19, Olopatadine Hcl 0.1% eye drops were found with resident #5's medications in the med cart. This is not a current prescription.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.183(d)	2/11/19	The RCD removed Resident #5's discontinued eye drops from medication cart immediately.
	4/30/19	An audit of all medications is being conducted by the RCD and Wellness Nurses to verify that all current medication orders match what is in the medication carts, and to remove discontinued medications.
	2/12/19	RCD provided training to all medication certified team members. We a medication is discontinuing it is removed from the medication cart.
	2/12/19	When a medication is discontinued by a physician Wellness nurse discontinues the medication on the Medication Administration Record. The med. certified team member will then remove the med from the cart
	5/1/19 and ongoing	The RCD or designee conduct monthly medication cart audits to ensure current orders are in the medication carts and discontinued orders are removed. Any discrepancies will be reported to RCD/wellness nurse.
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>mg</i></p>

Signature of Sunrise Representative: *Aita Ellis*

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Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The home did not follow the safe use procedure for medications and medical equipment when staff failed to write the open date on resident #8's Tresiba FlexTouch Pen.

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.

See attached 4/22/19 *MEJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RITA ELLIS</i>	Date <i>4-18-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/22/19</u> (Date) The above plan of correction was approved by <u><i>MEJ</i></u> (Initials)	Plan of correction implementation status as of <u>4/22/19</u> (Date) <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
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.185(a)	<p>2/11/19</p> <p>4/30/19</p> <p>4/30/19</p> <p>5/1/19 and ongoing</p> <p>5/1/19 and ongoing</p> <p>4/25/19 and ongoing for 3 months</p>	<p>The RCD identified date the Resident #6's Tresiba Flex Pen was opened and the date was written on the medication.</p> <p>An audit of all medications is being conducted by the RCD and Wellness Nurses to verify that medications that require an open date have been dated.</p> <p>RCD will provided training to Medication Care Managers.</p> <p>During medication administration the Medication Care managers date all medications that are supposed to be dated at time of opening.</p> <p>The RCD or designee conduct monthly medication cart audits to ensure current orders are in the medication carts and discontinued orders are removed. Any discrepancies will be reported to RCD/wellness nurse.</p> <p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>MEJ</i></p>

Signature of Sunrise Representative: _____

Gita Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 01/21/19, at 10:00 PM, resident #7's Gabapentin Capsule 300 MG was administered. Staff person E did not initial the MAR at the time of administration.

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.

See attached 4/22/19 *MJ*


Repeat Violation: No	Date(s) of Previous Violation(s):		
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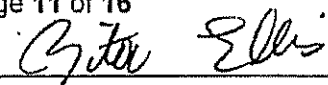
Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, ED</i>	Date <i>4-12-19</i>
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.187(B)	<p>1/17/19</p> <p>4/30/19</p> <p>4/30/19 and on going</p> <p>4/30/19 and ongoing</p> <p>4/25/19 and ongoing for 3 months</p>	<p>Staff person E was re-educated on the rights of medication administration and documentation on the Medication Administration Record (MAR) after administering medication to each resident.</p> <p>All team members who are certified to administer medications will be re-educated by the RCD on the rights of medication administration, including timely and accurate documentation.</p> <p>All Medication Care Managers (MCM) will follow the 5 Rights of Medication Administration. At the time of medication administration all MCM's will ensure that they are administering to the right resident, the right medication, the right dose, the right time and the right route. MCM's will complete proper documentation on the Medication Administration Record (MAR) after each resident administration.</p> <p>The RCD or designee reviews medication administration records weekly to ensure all entries are on the MAR are completed.</p> <p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Documents of trainings will be kept for three years. 4/22/19 </p>

Signature of Sunrise Representative: 

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.

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 01/10/19, resident #7's physician changed the resident's Eliquis tablet dosage from 5 MG once a day to 2.5 MG twice a day based on the pharmacy's recommendation. On 01/16/19 the home discovered that they had been administering the 5 MG dosage twice a day on the 12th and 13th and a single 5 MG dose on the 14th and 15th.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis</i>	Date <i>4-12-19</i>
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The above plan of correction was approved by <u><i>MEJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Residents #2 and #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

See attached 4/22/19 *MEJ*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis</i>	Date <i>4-12-19</i>
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.191	<p>2/11/19</p> <p>2/14/19</p> <p>4/30/19</p> <p>2/11/19 and ongoing</p> <p>4/20/19</p> <p>4/25/19 and ongoing for 3 months</p>	<p>The Director of Sales (DOS) completed the review and signing of the contract with Resident #2. This included the review of resident rights and the right to refuse medication if the resident believes that there may be a medication error. A copy was provided to the resident.</p> <p>Resident #3 no longer resides at the community.</p> <p>The ED and the DOS to conduct an audit of all resident contracts to verify signatures have been obtained at time of contract review and signing, which includes the review of resident rights and the right to refuse medication if the resident believes that there may be a medication error.</p> <p>Upon admission of the resident to the community, the ED/DOS will obtain signatures from the resident and the resident's responsible party during the contract review and signing which includes the review of resident rights and the right to refuse medication if the resident believes that there may be a medication error.</p> <p>Prior to the monthly QAPI meeting the ED/DOS will review the Resident contracts that have been executed for the past month to ensure signature we obtained at time of contract review and signing.</p> <p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>mg</i></p>

Signature of Sunrise Representative: _____

Qita Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home's current written description of services states that the home will "provide a secure environment". The home failed to meet this obligation when, on 12/31/18 at 3:30 AM, resident #8 from the Reminiscence Unit was found outside sitting in a staff person's car.

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:

See attached 4/22/19 *MEJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RITA ELLIS, ED</i>	Date <i>4-12-19</i>
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.223(a)	<p>12/31/18</p> <p>12/31/18</p> <p>1/2/2019</p> <p>12/31/18- 1/8/19</p> <p>1/29/-2/6/19</p> <p>4/30/19 and Ongoing</p> <p>1/2/19 and ongoing</p>	<p>Resident #8 was brought back into the community and assessed by care staff to ensure the resident was free from injury. The resident's responsible party and primary care physician were notified.</p> <p>Staff completed checks on all exit/doors of egress in the Reminiscence neighborhood and leading to Reminiscence neighborhood, were immediately checked and secured by staff, as well as all exit doors throughout the community. Staff made rounds on the Reminiscence neighborhood to ensure that all residents were accounted for in the neighborhood. Care manager staff increased frequency on rounding throughout the remainder of the shift for resident #8.</p> <p>The Sr. MC completed checks on all exit/doors of egress in the Reminiscence neighborhood and doors leading to the neighborhood, were checked for proper operation and closure. The Sr. MC checked all exterior exit doors throughout the community for proper operation and closure. The Sr. MC changed the Reminiscence Access codes to the elevator and doors to the Reminiscence neighborhood.</p> <p>Team members were re-educated on how to respond to door alarms.</p> <p>In addition resident elopement drills were conducted on each shift.</p> <p>Team members educated on Safe Leaving Program and will be educated upon hire, annually, and as needed on Safe Leaving Program.</p> <p>The MC and/or designee complete monthly preventive maintenance and monitoring of the proper operation of security keypads; internal and external exit doors in the on the Reminiscence neighborhood and throughout the community.</p>
	<p>4/25/19 and ongoing for 3 months 4/22/19 <i>MJ</i></p>	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p>

Signature of Sunrise Representative: _____

Gita Ellis

Violation Report: 14325 - 02/05/2019 - Gray, Dean
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident #3, admitted 10/19/18, does not include a determination that the home can meet the service needs of the resident.

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.

See attached 4/22/19 *MEJ*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, ED</i>	Date <i>4-22-19</i>
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.224(a)	2/11/19	The preadmission screening form for resident #3 was immediately corrected to include a determination, that the community can meet the service needs of the resident.
	4/30/19	Preadmission screening forms for residents who reside in the Reminiscence Neighborhood (Secured Dementia Care Unit) will be reviewed by the RCD of designee to ensure that the preadmission screening form includes a determination that the community can meet the resident's needs through services provided.
	5/1/19 and ongoing	While conducting an initial assessment on a resident(s) for admission into the community, the RCD and/or designee will complete the preadmission screening form in its entirety.
	4/20/19	Prior to the monthly QAPI meeting the RCD and the ED will review the admission forms for residents that have moved in within the past month.
	4/25/19 and ongoing for 3 months	<p>The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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.</p> <p>Maintain audits for Department review for a period of three years 4/22/19 <i>mgj</i></p>

Signature of Sunrise Representative: _____

Gita Ellis