



**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED May 17, 2019**

Ms. Rita Ellis
Administrator
Welltower OPCO Group, LLC
Attn: Menerva Philson
McClellan, Virginia 22102

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

Dear Ms. Ellis:

As a result of the Department's Bureau of Human Services Licensing Complaint/Incident inspection on March 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 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report: 14325 - 03/11/2019 - Swisher, Michele
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 contract for resident #1 was not signed by 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.

Lee A. Stuckes

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bita Ellis

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

Bita Ellis, Executive Director

Date

5/13/19

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

The above plan of correction is approved as of 5/16/2019
(Date)

Plan of correction implementation status as of 5/16/2019
(Date)

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

- 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: 143250
Inspection date(s): March 11, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction: _____

Signature of Sunrise Representative: *John Ellis*
Date of Submission: 5-13-19

| Regulation 55 Pa. Code § 2600. | Target Date by Which Correction will be completed | Plan of Correction |
|--------------------------------------|--|---|
| 2600.25(b) | 3/13/19 | The Director of Sales (DOS) completed the review and signing of the contract with Resident #1. |
| | 4/30/19 | The Executive Director and the Director of Sales completed an audit of all resident contracts to verify that signatures have been obtained at time of the contract review and signing. |
| | 4/30/19 and on going | Upon admission of the resident to the community, the Executive Director obtains signatures from the resident and the resident's responsible party during the contract review and signing. |
| | 4/25/19 and on going | Prior to the monthly QAPI meeting the ED/DOS reviews the Resident contracts that have been executed for the past month to ensure signatures are obtained at time of the contract review and signing. |
| | 4/25/19 and ongoing for 3 months | This POC is be reviewed and evaluated by the Executive Director 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. |

Violation Report: 14325 - 03/11/2019 - Swisher, Michele
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 3/6/19, resident #1 indicated to staff that they did not wish to shower that day. Staff persons A and B insisted that the resident needed to shower and forced resident #1 to sit in a wheelchair so that they could be wheeled into the bathroom. Resident # 1 was then forced to shower. Resident #1 is able to ambulate independently with a walker and does not require a wheelchair. Resident #1 was not physically injured but staff persons were disrespectful of their wishes or refusal to shower and of their ability to stand and walk on their own.

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

Within 15 days of receiving this POC, the Administrator or a designee will retrain all staff on resident's rights, dignity and respect. The training will be documented. Additionally, for the next two consecutive months period, the Administrator will provide oversight to staff during the ADL's for resident #1, to ensure that the resident is being treated with dignity and respect. The Administrator, will also embark on coaching/ training staff on how to properly care for resident # 1, base on applicable care plan. 5/16/2019

AAA

| | | | |
|---|-----------------------------------|---|---------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Bita Ellis</i> | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bita Ellis, Executive Dir.</i> | | | Date <i>5/13/19</i> |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of <u>5/16/2019</u> (Date) | | Plan of correction implementation status as of <u>5/16/2019</u> (Date) | |
| The above plan of correction was approved by <u>AAA</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 | |

| Regulation 55 Pa. Code § 2600. | Target Date by Which Correction will be completed | Plan of Correction |
|--------------------------------------|--|---|
| 2600.42(c) | 3/6/19 | Upon notification of the allegation by team member from resident #1, staff person(s) A and B were immediately removed from resident areas and placed on administrative leave by the Sr. Resident Care Director (RCD) and the Personal Care Coordinator (PCC), pending investigation. |
| | 3/6/19 | An investigation was conducted, including staff and resident interviews by the Sr. RCD and PCC and the allegation was substantiated. |
| | 3/13/19 | The ED permitted staff person(s) A and B to return to work based upon reeducation and training. Staff person(s) A and B were educated on resident rights, managing behavioral expressions, and abuse training. |
| | 4/30/19 and on going | At time of hire and annually thereafter all staff persons are provided training on resident rights, abuse, and managing behavioral expressions. |
| | 4/25/19 and On going | The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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

Violation Report: 14325 - 03/11/2019 - Swisher, Michele
 PCH Name: SUNRISE OF PAOLI

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Through staff interviews it is determined that resident #1 frequently refuses care by staff relating to bathing and dressing. The residents support plan dated 1/6/19 does not address the residents frequent refusals or the support plan to meet this behavioral need.

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

The Administrator or designee will review updated or modified plan with all staff. 5/16/19

AAA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Bita Ellis

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

Bita Ellis, Executive Director

Date

5/13/19

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| Regulation 55 Pa.Code § 2600. | Target Date by Which Correction will be completed | Plan of Correction |
|-------------------------------------|--|---|
| 2600.227(d) | 5/9/19 | The RCD updated resident #1's Service Plan to address the resident frequent refusals of care and plan to meet the resident's behavioral needs. |
| | 5/20/19 | The Interdisciplinary Team will review ISPs for residents that refuse care for appropriate intervention to meet the resident's needs. The Interdisciplinary Team will update Support Plans accordingly and as needed to meet resident's needs. |
| | 5/16/19 and on going | The Interdisciplinary Team will continue to meet weekly to review residents care needs, behaviors and to ensure the care plans of these residents are accurately updated to reflect their needs. |
| | 5/23/19 | The POC and monitoring will be reviewed and evaluated by the ED and coordinators at the monthly 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