



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [licensing@sunriseseniorliving.com](mailto:licensing@sunriseseniorliving.com)**  
**Sent via e-mail [paoli.ed@sunriseseniorliving.com](mailto:paoli.ed@sunriseseniorliving.com)**  
**Sent via e-mail [keelan.mccurdy@sunriseseniorliving.com](mailto:keelan.mccurdy@sunriseseniorliving.com)**  
**August 6, 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 inspection on July 2, 3, and 8, 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,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *SUNRISE OF PAOLI*

License Number: 14325

Address: *324 WEST LANCASTER AVENUE, MALVERN, PA 19355*County: *CHESTER*Region: *SOUTHEAST*

### Administrator

Name: *KEELAN MC CURDY*Phone: *6102519994*

Email:

*KEELAN.McCURDY@SUNRISESENIORLIVING.COM*

### Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*Address: *7902 WESTPARK DRIVE, ATTN MENERVA PHILSON, MCLEAN, VA, 22102*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *130*Working Staff: *98*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Incident*

### Inspection Dates and Department Representative

*07/02/2019 - On-Site: Natasha Braswell**07/03/2019 - On-Site: Natasha Braswell**07/08/2019 - On-Site: Natasha Braswell*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *110*Residents Served: *77*

#### Secured Dementia Care Unit

In Home: *Yes*Area: *Reminiscence*Capacity: *25*Residents Served: *27*

#### Hospice

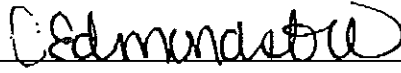
Current Residents: *7*

#### Number of Residents Who:

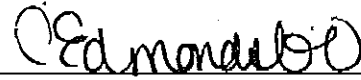
Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *77*Diagnosed with Mental Illness: *9*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *53*Have Physical Disability: *9*

## Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of Paoli  
 Address of PCH: 324 West Lancaster Avenue, Malvern PA 19355  
 License number: 143250  
 Inspection date(s): January 25, 2018  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Casey Edmondston, Executive Director (Administrator)

Signature of Sunrise Representative:   
 Date of Submission: 7/30/19

Regulation 55 Pa Code S 2600	Target Date by Which Correction Will be Completed	Plan of Correction
2600.15(a)	7/2/19	Allegation of suspected abuse was reported at time that the Community Leadership team was made aware of the accusation.
	7/24/19	All staff members were retrained on Abuse Reporting and the OAPSA and immediately reporting suspected abuse of a resident and notifying the Manager on Duty and the Executive Director.
	9/15/19	The Executive Director will schedule training for team members with a representative from the Department of Aging on Abuse Reporting, OAPSA and Resident Rights.
	7/24/19 and Ongoing	Abuse Reporting Requirements (including OAPSA) training will continue to be completed upon hire and annually for all team members.
	7/24/19 and Ongoing	The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director. Incidents are reviewed for negative trends/problems that need to be addressed during the monthly Quality Management (Quality Assurance and Improvement Planning/QAPI) meeting.
	8/7/19	The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and

Signature of Sunrise Representative:   
 Date of Submission: 7/30/19

SUNRISE OF PAOLI

14325

15d - Resident Abuse-Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 5-28-19, the home received a report of suspected abuse involving a photo of resident #1. The home did not notify the resident's son until 7-2-19.

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.)

Maintain documentation of in-service and trainings for Department review. 8/5/19

See Attached

Legal Entity Representative

*[Handwritten Signature]*

Signature

Casey Edmonston, ES

Printed Name and Title

7/30/19

Date

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The above plan of correction is approved as of 8/5/19  
(Date)

Plan of correction implementation status as of 8/5/19  
(Date)

The above plan of correction was approved by *[Handwritten Initials]*  
(Initials)

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

Regulation 55 Pa. Code S 2600	Target Date by Which Correction will be completed	Plan of Correction
		monitored to ensure the violation does not occur again.
2600.16(d)	7/2/19  7/31/19  7/2/19 and ongoing  7/24/19  7/24/19 and ongoing  7/24/19 and ongoing  8/7/19	Resident #1's designated person was notified at time that the Community Leadership team was made aware of the accusation.  All Department Coordinators and Wellness Nurses were provided an in-service by the Executive Director regarding timely reporting of accusations of abuse as well as reporting to residents designated persons.  The telephone number for AAA is posted in the community copy room to enable easy access and also provided during new hire and annual training to all team members  Training provided to Direct care staff persons by the Executive Director on OAPSA, abuse reporting, reporting requirements, including immediately notifying responsible party of any incident.  Abuse Reporting Requirements (including OAPSA) training will continue to be completed upon hire and annually for all team members.  All incidents to be reviewed daily at morning stand up meeting with Department Coordinators and the Executive Director or designee. Department coordinators will ensure that all incidents were reported appropriately.  The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Signature of Sunrise Representative: Edmond

Date of Submission: 7/30/19

*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.*

SUNRISE OF PAOLI

14325

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5-28-19, staff person A, took a photo of resident #1 with her personal cell phone. The home failed to report this incident to the department until 7-2-19.

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.)

Maintain documentation of trainings for Department review. 8/5/19

See Attached

Legal Entity Representative

*C Edmondston*

Signature

Casey Edmondston, ED

Printed Name and Title

7/30/19

Date

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The above plan of correction is approved as of 8/5/19  
(Date)

Plan of correction implementation status as of 8/5/19  
(Date)

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

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- Not Implemented

07/02/2019

4 of 9



SUNRISE OF PAOLI

14325

42b - Abuse

Regulations

2600,

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

Description of Violation

On 5-28-19, resident #1, who is currently under the care and treatment of hospice was left alone laying on her bed wearing only an incontinent product and a towel covering her from the waist down by staff person C. There were no sheets on the bed and the air conditioner was on and the door was closed. Staff person A, took a photo of the resident laying on her bed. Staff person A, then sent the photograph to staff persons B, D and E

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.)

Maintain documentation of trainings for Department review. 8/5/19

See Attached

Legal Entity Representative

Edmondston  
Signature

Casey Edmondston, ED 7/30/19  
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

Regulation 55 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.42(b)	<p>7/2/19</p> <p>7/18/19</p> <p>7/24/19</p> <p>9/15/19</p> <p>7/24/19 and Ongoing</p> <p>7/24/19 and Ongoing</p> <p>9/7/19</p>	<p>Staff person A, C and one other staff persons were placed on administrative leave until the investigation was completed. Staff person A was terminated following the investigation.</p> <p>Upon completion of the investigation staff person C and the other staff member were permitted to return to work following one on one in-service with the administrator (Executive Director) regarding the Old Adults Protective Services Act (OAPSA), reporting incidents and caring for residents with dementia.</p> <p>All staff members were retrained on Abuse Reporting and the OAPSA including the prohibition of taking photos of residents during care and immediately reporting suspected abuse of a resident and notifying the Manager on Duty and the Executive Director.</p> <p>The Executive Director will schedule training for team members with a representative from the Department of Aging on Abuse Reporting, OAPSA and Resident Rights.</p> <p>Abuse Reporting Requirements (including OAPSA) training will continue to be completed upon hire and annually for all team members.</p> <p>The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director. Incidents are reviewed for negative trends/problems that need to be addressed during the monthly Quality Management (Quality Assurance and Improvement Planning/QAPI) meeting.</p> <p>The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and</p>

Signature of Sunrise Representative: C. Edmondo

Date of Submission: 7/30/19

SUNRISE OF PAOLI

14325

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person A, showed no respect for resident #1 by using a personal cell phone to take a photograph of the resident. Staff person A, then sent the photograph to other staff persons.

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.)

Maintain documentation of in-service and trainings for Department review. 8/5/19

See Attached

Legal Entity Representative

*Casey Edmondston*

Signature

Casey Edmondston, RD

Printed Name and Title

7/30/19

Date

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(Date)

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(Date)

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

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



Regulation 58 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
	<p>7/2/19</p> <p>7/18/19</p> <p>7/24/19</p> <p>9/15/19</p> <p>7/24/19 and Ongoing</p> <p>7/24/19 and Ongoing</p> <p>8/7/19</p>	<p>Staff person A and two other staff persons were placed on administrative leave until the investigation was completed. Staff person A was terminated following the investigation.</p> <p>Upon completion of the investigation the two other staff members were permitted to return to work following one on one in-service with the administrator (Executive Director) regarding the Old Adults Protective Services Act (OAPSA) and reporting incidents.</p> <p>All staff members were retrained on Abuse Reporting and the OAPSA including the prohibition of taking photos of residents during care and immediately reporting suspected abuse of a resident and notifying the Manager on Duty and the Executive Director.</p> <p>The Executive Director will schedule training for team members with a representative from the Department of Aging on Abuse Reporting, OAPSA and Resident Rights.</p> <p>Abuse Reporting Requirements (including OAPSA) training will continue to be completed upon hire and annually for all team members.</p> <p>The Department Coordinators/Manager on Duty/Staff members will continue to report any suspected abuse immediately to AAA and the Executive Director. Incidents are reviewed for negative trends/problems that need to be addressed during the monthly Quality Management (Quality Assurance and Improvement Planning/QAPI) meeting.</p> <p>The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.</p>

Signature of Sunrise Representative: Edmanella

Date of Submission: 7/30/19

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SUNRISE OF PAOLI

14325

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5-28-19, at 8:30 am, staff person A, took a photograph of resident #1, while in the private confines of the resident's room. The resident was only wearing a incontinent product and a towel covering from the waist down. The photograph was shared via text message to staff persons B, D and E.

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.)

Maintain documentation of in-service and trainings for Department review. 8/5/19

Legal Entity Representative

*(Signature)*

*Casey Edmondston, ED*

*7/20/19*

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 8/5/19  
(Date)

Plan of correction Implementation status as of 8/5/19  
(Date)

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

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

07/02/2019

7 of 9

Regulation 55 Pa Code § 2600	Target Date by Which Correction (will) be completed	Plan of Correction
2600.42(a)	<p>7/2/19</p> <p>7/24/19</p> <p>9/15/19</p> <p>7/24/19 And ongoing</p> <p>8/7/19</p>	<p>Staff person A was placed on administrative leave pending investigation. Upon completion of investigation staff person A was terminated.</p> <p>In-service completed for direct care staff regarding resident rights with a focus on the resident's right to privacy of self and possessions. Training on resident rights will continue to be held annually and upon hire.</p> <p>The Executive Director will schedule training for team members with a representative from the Department of Aging on Abuse Reporting, OAPSA and Resident Rights.</p> <p>Care manager understanding of resident rights including the resident's right to dignity and respect will be evaluated in conjunction with annual performance appraisals by their respective Department Coordinators (supervisor).</p> <p>The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.</p>

Signature of Sunrise Representative: C. Calman

Date of Submission: 7/30/19

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SUNRISE OF PAOLI

14325

201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 6-28-19, resident #2 began to verbally attack resident #3, by making comments like the resident was "dirty", stating, "no one likes the resident". Resident #3 was triggered by the verbal attack and pushed resident #2 and then called the police. The home has not developed a safe management technique to reduce the verbal attacks from resident #2 nor developed a safety plan for resident #3 when triggered by comments.

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.)

Within 15 days of receipt this plan of correction documentation of resident #2's RASP will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147.  
8/5/19

Legal Entity Representative

*C. Edmondston*

Casey Edmondston, ED

7/30/19

Signature

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 8/5/19  
(Date)

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(Initials)

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

07/02/2019

8 of 9

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.201	7/2/19	Resident #2 was assessed and the current assessment accurately captures the resident's needs regarding verbal aggression. The support plan (ISP) was updated to reflect the how the community will meet the residents currents needs regarding aggression, supervision, redirections, and other interventions.
	7/2/19	A private duty aid was put into place to provide supervision to resident #2, and ensure safety of resident # 3.
	7/2/19	Resident # 3 was assessed and current assessment accurately captures the resident's needs regarding positive interventions to ensure the resident feels safe in their surroundings as well as interventions for conflict resolution.
	8/14/19	Direct care staff training scheduled regarding conflict resolution, providing validation, and caring for residents during behavioral expressions.
	7/24/19 and ongoing	Training regarding conflict resolution, providing validation, and caring for residents during behavioral expressions, to be reviewed during hire and annually with all direct care staff.
	8/7/19	The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Signature of Sunrise Representative:

Date of Submission:

7/30/19

SUNRISE OF PAOLI

14325

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated 7-20-18, does not indicate how the resident can be verbally aggressive. The support plan does not indicate how the resident will be assisted in being more appropriate in social settings or require redirection when inappropriate comments are made towards other residents.

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.)

Within 15 days of receipt this plan of correction documentation of resident #2's RASP will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 8/5/19

Legal Entity Representative

C. Edmondston

Signature

Casey Edmondston, ED

Printed Name and Title

7/30/19

Date

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The above plan of correction is approved as of 8/5/19 (Date)

Plan of correction implementation status as of 8/5/19 (Date)

Fully Implemented

Partially Implemented - Adequate Progress


Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Regulation 55 Pa Code § 2600	Target Date by Which Correction Will be Completed	Plan of Correction
2600.227(d)	7/2/19	Resident #2 was assessed and the current assessment accurately captures the resident's needs regarding verbal aggression. The support plan (ISP) was updated to reflect the how the community will meet the residents currents needs regarding aggression, supervision, redirections, and other interventions.
	7/25/19	The Resident Care Director (RCD) or designee and Wellness Nurse staff conducted a full review of ISPs to verify that they include a description of behaviors residents are experiencing and interventions to modify or eliminate behaviors.
	7/24/19 and ongoing	Upon admission, change of condition and annually the RCD or designee and respective Care Coordinator review resident needs and develop an ISP based off assessment, DME and input from the direct care staff. When a resident experiences a change in behavior the ISP is updated to include a description of behaviors residents are experiencing and interventions to modify or eliminate behaviors.
	7/24/19	The Care Coordinators review the assessment and ISP results with the interdisciplinary team with the resident and responsible party to ensure that it is consistent with resident needs and services provided.
	8/7/19	The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Signature of Sunrise Representative:



Date of Submission:

7/30/19