



Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail paoli.ed@sunriseseniorliving.com
March 6, 2020

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 September 5, 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,

Shawn Parker

Shawn Parker
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: *Diana Carroza*

Phone: *6102519994*

Email: *LICENSING@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:

Total Daily Staff: *130*

Waking Staff: *98*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

09/05/2019 - On-Site: Sandi Wooters,

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110*

Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *25*

Residents Served: *25*

Hospice

Current Residents: *0*

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: *6*

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On August 31, 2019, at approximately 4:30pm SDCU Resident #4 picked up a folded table linen and dropped it on the floor when direct care staff aggressively yelled at the resident saying "no, no, no" causing the resident to cry.

Shortly after this incident direct care staff B aggressively in a loud tone told SDCU Resident #2 to "sit down" as she was ambulating with her walker. The resident requested assistance from other staff to help her sit down when staff B aggressively addressed the resident again.

On August 31, 2019, at approximately 6:00pm, SDCU Resident #3 was drinking a glass of juice as she was asked if she was finished and the resident responded "no" when direct care staff A said "yes you are" and aggressively took the glass out of the resident's hand.

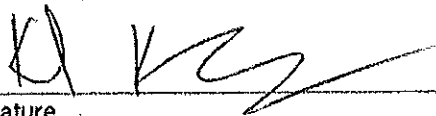
REPEAT VIOLATION: 3/11/19; 7/16/19, etal.

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.....

Legal Entity Representative



Signature

Keelan McCurdy, Sr. Director of Operations
Printed Name and Title

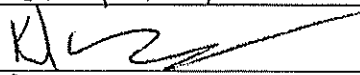
Date

42c - Treatment of Residents (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<u>03-06-2020</u> (Date)	Plan of correction implementation status as of	<u>03-06-2020</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 Senior Living of Paoli
Address of PCH: 324 Lancaster Avenue Malvern, PA 19355
License number: 14325
Inspection date(s): 9/5/2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Kevin McCurdy, Sr. Director of Operations
Signature of Sunrise Representative: 
Date of Submission: 9-27-19.

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42c	8/31/2019	Staff person A and B were immediately placed on administrative leave pending investigation.
	10/4/2019	After completion of investigation it was determined that staff person A and B will return to the community. Prior to returning both staff person A and B will be retrained on Resident Rights and Customer Service Communication Skills.
	10/31/2019	The Executive Director has scheduled training for Team Members on Residents Rights and Customer Service Training to occur during the monthly Town Hall meeting.
	10/31/2019 and Ongoing	Residents Rights training is provided upon hire and annually for team members. The Reminiscence Coordinator observes team member and resident interactions and encourages team members to report any concerns.
	9/24/2019 and Ongoing	Plans of correction are reviewed and evaluated by the Executive Director and the Coordinators during the monthly Quality Management (QAPI) meeting.

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.

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

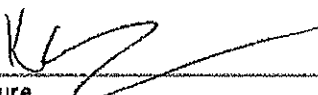
Description of Violation

On August 31, 2019, agency staff C began working at the home and did not have the required Pennsylvania Criminal Background check completed at the time of employment.

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.)

Legal Entity Representative


Signature

Keelan McCurdy, Sr. Director of Operations
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

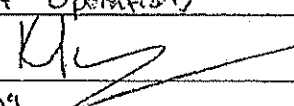
The above plan of correction is approved as of 03-06-2020
(Date)

Plan of correction implementation status as of 03-06-2020
(Date)

The above plan of correction was approved by SP
(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 Senior Living of Paoli
Address of PCH: 324 Lancaster Avenue Malvern, PA 19355
License number: 14325
Inspection date(s): 9/5/2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Keelan McCurdy, Sr. Director of Operations
Signature of Sunrise Representative: 
Date of Submission: 9/27/19

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.51	9/6/2019	The Business Office Coordinator immediately reached out to Agency services and made them aware of PATCH background check requirements that is necessary to provide care at Sunrise Senior Living.
	9/6/2019	The Business Office Coordinator followed up with Agency services, to verify and obtain a copy of the PATCH background check for every employee of Agency that has worked at Sunrise Senior Living. All have the correct background check.
	9/6/2019 and Ongoing	Prior to utilizing any Agency services, the Executive Director or Business office Coordinator verify that the PATCH background check has been completed and a copy will be retained at the Community.
	9/24/2019 and Ongoing	Plans of correction are reviewed and evaluated by the Executive Director and the Coordinators during the monthly Quality Management (QAPI) meeting.

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.