



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail paoli.ed@sunriseseniorliving.com
June 24, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 7, 2020 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On April 8, 2020, we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *Rahman Carll*

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

Staffing Hours

Resident Support Staff: *77*

Total Daily Staff: *202*

Waking Staff: *152*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

01/07/2020 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110*

Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes*

Area: *3rd floor - REM*

Capacity: *25*

Residents Served: *25*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *77*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *48*

Have Physical Disability: *0*

15b - Supervisor Plan

Regulations

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.

Description of Violation

On 12/28/19, staff person A was working assisting resident #1. Resident #1 had bruises and injuries which staff person A denied inflicting.

Staff person A stated - "I was turning him to change his diaper as I was turning him he went to hit me. To avoid getting hit, I let go and I pulled away and he hit his head against the wall."

The home did not immediately suspend staff person A. The allegation of abuse was made at 7:00 am on the SDCU. There was no supervisor or manager on duty to immediately suspend staff person A.

Staff person A went down to work on the Personal Care unit and was still working on the floor until after 9:15am.

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 PLAN OF CORRECTION

Legal Entity Representative


Signature

Rahman Cakel Executive Director 4/16/20
Printed Name and Title Date

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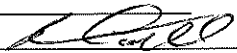
The above plan of correction is approved as of 6.23.2020
(Date)

Plan of correction implementation status as of 6.23.2020
(Date)

- Implemented
- Not Implemented

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

Sunrise Senior Living Plan of Correction Template

Name of Community: Sunrise of Paoli
Address: 324 Lancaster Ave Malvern Pa 19355
License number: 143250
Inspection date(s): January 7, 2020
Name and Title of Sunrise Representative Signing the Plan of Correction:
Rahman Carll RN Executive Director
Signature of Sunrise Representative: Rahman Carll, RN 
Date of Submission: April 16, 2020

Regulation	Target Date by Which Correction will be completed	Plan of Correction
2600.15.b	12/28/19	Staff-person A, is an agency staff person. Staff person A was sent home and the Executive Director (ED) reported the allegation to the staffing Agency.
	1/13/2020	The Lead Care Manager that was informed of the incident and was re-educated on how to manage and respond to an event when an initial report is made.
	1/13/2020	Upon being informed of an incident the Lead Care Manager is to follow-up by checking on the resident and contacting the Wellness Department and Department Coordinator or Manager on Duty as necessary.
	4/15/2020	The Department Coordinators will provide a review of how to conduct cross over from shift to shift with the Lead Care Managers from both neighborhoods. Part of the cross over responsibilities is to check on the residents and discuss any changes or concerns.
	4/15/2020	Department Coordinators will observe cross over 3x/week (each shift crossover) over the course of 3 months to verify it is occurring and communication of changes of condition and incidents are discussed and reported accordingly.
	4/15/2020	The POC and monitoring will be reviewed and evaluated by the ED and Coordinators for up to 3 months through the Quality Assurance and Performance Improvement (Quality Management) program. If the POC is no longer effective, it will be amended and a new POC will be implemented and monitored.

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

Staff person A, Agency Staff - Stated on 12/28/19, while he was getting resident #1 changed the resident was resisting so he pulled away and the resident hit his head against the wall.

Staff person A stated - "I was turning him to change his diaper as I was turning him he went to hit me to avoid getting hit. I let go and I pulled away and he hit his head against the wall."

Staff person B stated that staff person A came to her (around 7:00am, change of shift) and told her that resident #1 was resisting care. Staff person B told staff person A to just leave resident #1 alone because "our residents have the right to refuse care." She stated that staff person B went back into resident #1's room and then came out and said "The guy has a little thing on his face, but I swear on my grandma I did not hit that man." Staff person B stated staff person A went down to Personal Care and then came back up to the SDCU and said, "yo I swear on everything I did not hit that man." Staff person B stated she did not immediately go into resident #1's room as the workers were doing cross-over. Staff person A stated that eventually her and two other (direct care workers) went into resident #1's room and saw that he had a big red knot on the left side of his face. He was sitting in the wheelchair asleep with his pants down and noticed he had a scratch on his right thigh. When her and her co-workers stood the resident up, she noticed his right wrist was swollen and the inside of his right arm was red and bruised. Staff person B asked resident #1 what happened and resident #1 told her to bend down a little because he could not see out of his right eye. Resident #1 started crying and said "I got beat up, the guy with the beard. He hit me about 3 or 4 times. I had no choice but to hit him back."

Staff person C arrived at the home around 9:15 am and was told by Staff person D that there was an incident between Staff person A and resident #1. Staff person C went to the resident and asked, "what happened to you?" The resident gestured that he had been hit in the face. Staff person C asked resident #1 to explain the gesture. The resident explained that some guy hit him in the face several times and that he was trying to defend himself from this guy. Staff person C stated that he has worked on the unit with resident #1 for approximately three years and despite the resident's diagnosis, "he recalls recent events well, especially when the event is out of the ordinary."

Staff person C stated staff person A was still in the building working on PC. Staff person C asked staff person A what happened and stated staff person A said, "I did not hit that man." Staff person C sent staff person A home.

Resident #1's injuries were a lot more severe than staff person A reported. Per 12/28/19 nursing note resident #1 had a discolored area on his right upper & lower arm, swelling to the left elbow with discoloration present, a skin tear on his left thigh, hematoma near his left eye near the temporal area along with discoloration. Resident #1 also had difficulty moving his right wrist, and it was painful to the touch with limited ROM.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
2600.42.b	12/28/19	Staff person A, is an agency staff person. Staff person A was sent home and the ED reported the allegation to the staffing Agency.
	1/13/2020	The Lead Care Manager that was informed of the incident was re-educated on how to manage and respond to an event when an initial report is made.
	1/13/2020	Upon being informed of an incident the Lead Care Manager is to follow-up by checking on the resident and contacting the Wellness Department and Department Coordinator or Manager on Duty as necessary.
	4/15/2020	The Department Coordinators will provide a review of how to conduct cross over from shift to shift with the Lead Care Managers from both neighborhoods. Part of the cross over responsibilities is to check on the residents and discuss any changes or concerns.
	4/15/2020	Department Coordinators will observe cross over 3x/week (each shift crossover) over the course of 3 months to verify it is occurring and communication of changes of condition and incidents are discussed and reported accordingly.
	4/15/2020	Agency staff is trained by Executive Director or Department Coordinator on day one of services. The following trainings are provided to agency staff: Resident Rights and complaint procedure, Confidentiality, Abuse & Neglect Reporting, Abuse & Neglect prevention, Incident Reporting, and Fire Safety.
	4/15/2020	The POC and monitoring will be reviewed and evaluated by the ED and Coordinators for up to 3 months through the Quality Assurance and Performance Improvement (Quality Management) program. If the POC is no longer effective, it will be amended and a new POC will be implemented and monitored.

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 10. A record of incident reports for the individual resident.

Description of Violation

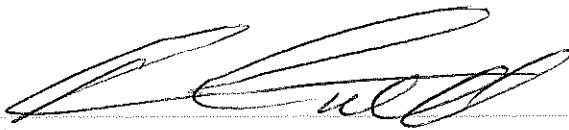
Resident #1's record does not include the 12/28/19 reportable incident.

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 PLAN OF CORRECTION

Legal Entity Representative



Signature

Robert Powell Executive Director

Printed Name and Title

4/16/20

Date

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The above plan of correction is approved as of 6.23.2020 (Date)

Plan of correction implementation status as of 6.23.2020 (Date)

Implemented

Not Implemented

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

Regulation	Target Date by Which Correction will be completed	Plan of Correction
2600.252	1/8/2020	A copy of the 12/28/19 incident was placed in Resident #1's wellness record.
	1/8/2020	A copy of every incident that has been reported to the Department will be filed in each respective resident's wellness record.
	1/8/2020	When an incident occurs, and it is reported to the Department a copy is placed in the resident's wellness record by the Wellness Department staff.
	4/15/2020	The ED will review the resident medical file during weekly Interdisciplinary meeting, to ensure the following information is listed within the medical chart.
	4/15/2020	The POC and monitoring will be reviewed and evaluated by the ED and Coordinators for up to 3 months through the Quality Assurance and Performance Improvement (Quality Management) program. If the POC is no longer effective, it will be amended and a new POC will be implemented and monitored.