



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED]
March 1, 2022

[REDACTED]
Welltower OPCO Group, LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Sunrise of Paoli
324 West Lancaster Avenue
Malvern, Pennsylvania 19355
License #: 14325

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 14, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
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: [REDACTED]

Phone: 6102519994

Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/02/1998*

Issued By: *COPA-L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *121*

Waking Staff: *91*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/14/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110*

Residents Served: *76*

Secured Dementia Care Unit

In Home: *Yes*

Area: *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: *76*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *45*

Have Physical Disability: *1*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has an indoor smoking area attached to the home. Under the Clean Indoor Air Act, personal care homes are considered public places under Act 35ps 637-1-11, and subject to those regulations which indicate that smoking is not permitted within the building being used to provide food or health care related service and is subject to the smoking ban.

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



Executive Director 3/6/20
Date

Signature

Printed Name and Title

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The above plan of correction is approved as of 4/6/2020 (Date)

Plan of correction implementation status as of 4/28/2020 (Date)

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

- Implemented
- Not Implemented

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 14, 2020
Name and Title of Sunrise Representative Signing the Plan of Correction: _____
Signature of Sunrise Representative: _____
Date of Submission: Marc 6, 2020

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>We respectfully request that this violation be withdrawn.</p> <p>Per page 127 of the RCG:</p> <p>The Clean Indoor Air Act - Personal care homes are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the act, personal care homes must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. It is recommended that "Smoking Permitted" signs be posted at outdoor designated smoking areas.</p> <p>Per page 187 of the RCG:</p> <p>Effective September 11, 2008, the Clean Indoor Air Act went into effect in Pennsylvania. Under the Clean Indoor Air Act, a person may not smoke in a public place. A personal care home is considered a "public place" under the law. However, smoking is permissible if a person smokes in a separate enclosed room, or designated smoking area.</p> <p>On date of inspection, 1/14/2020, the smoking permitted in designated areas only signs were visible by the entrance. In addition the designated smoking room also had sign to indicate it is the smoking room.</p> <p>New plaques were purchased in a different color and larger font and will be mounted.</p>

25b - Contract Signatures

Regulations

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.

Description of Violation

The resident-home contract for Resident #1 is dated [redacted] 19, but was not signed by the Resident until [redacted] 19.
Repeat violation -2/5/19.

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.)

Legal Entity Representative

[Redacted Signature]

Executive Director 3/6/20
Date

Signature

Printed Name and Title

Date

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
25b	<p>11/4/2019</p> <p>1/17/2020</p> <p>1/20/2020</p> <p>3/11/2020</p>	<p>Resident #1's contract was signed [REDACTED] 19.</p> <p>An audit of resident contracts was completed by the Director of Sales (DOS). Upon completion of the audit, all resident signatures were in place</p> <p>Upon meeting with the resident, the contract will be reviewed and signatures obtained. The Executive Director (ED) or designee will review resident contracts for signatures and completion prior to documents being filed in the administrative record.</p> <p>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.</p>

41e - Signed Statement

Regulations

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 subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2 was admitted on [redacted] 19, but did not sign the Resident Rights until [redacted] 19.

Resident #3 was admitted on [redacted] 19, but did not sign the Resident Rights until [redacted] 19.

Repeat violation -2/5/19.

Plan of Correction (POC)

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Legal Entity Representative

[Redacted Signature]

Signature

Printed Name and Title

Executive Director 3/6/20

Date

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
41e	12/16/2019	Resident #2 signed a Residents Rights acknowledgment in the contract.
	11/4/2019	Resident #3 signed a Residents Rights acknowledgment in the contract.
	1/17/2020	An audit of resident contracts was completed by the Director of Sales (DOS). Upon completion of the audit, all resident signatures for the acknowledgement of receipt for Residents Rights were in place
	1/20/2020	Upon meeting with the resident the contract will be reviewed and signatures obtained. The ED or designee will review resident contracts for signatures and completion prior to documents being filed in the administrative record.
	3/11/2020	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.

64a - Admin Training

Regulations

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 1. An orientation program approved and administered by the Department.

Description of Violation

Staff Member A, who is [REDACTED], has not successfully completed the orientation program approved and administered by the Department. This must be done prior to initial employment as [REDACTED]

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

[REDACTED SIGNATURE]

Signature

Executive Director

Printed Name and Title

3/6/20
Date

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
64a	1/27/2020	Staff member A has successfully completed the orientation program approved and administered by the Department.
	1/27/2020	Upon hire of a new staff member, the staff member will complete all position requirements to meet qualifications prior to beginning in their respective role.
	3/11/2020	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.

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The left arm rest of the recliner in room 220 is dirty and covered with grime.

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

[Redacted Signature]

Executive Director 3/6/20
Date

Signature

Printed Name and Title

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
95	1/29/2020	The recliner in room #220 was discard and replaced by the Maintenance Coordinator (MC).
	3/2/2020	The MC and the Care Coordinators conducted a walk-through of the community and resident apartments to confirm that resident furniture are in good repair, clean and free of hazards.
	3/2/2020	The ED re-educated the Lead Care Managers and the Housekeeping staff on the expected review, observation and reporting process for furniture and equipment that needs repair, replacement and/or cleaning.
	3/2/2020	The Lead Care Managers conduct a walk-through of resident apartments during their crossover meeting from shift to shift. During this walk-through they are confirming that resident furniture are in good repair, clean and free of hazards.
	3/2/2020	During daily responsibilities the Housekeeping staff observe common area furniture to confirm they are in good repair, clean and free of hazards.
	3/2/2020	Any furniture identified in need of repair, replacement, and/or cleaning the staff will report it to the MC through the electronic maintenance log.
	3/11/2020	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.

101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The baseboards in bedroom 220 were cracking and in need of repair.

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

[Redacted Signature]

Signature

Printed Name and Title

Executive Director

3/6/20
Date

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
101o	1/24/2020	The M repaired the baseboards in room # 220.
	3/2/2020	The MC and Care Coordinators conducted a walk-through of the community and resident apartments to confirm that resident apartment walls, floors and ceilings, which are finished, are clean and in good repair.
	3/2/2020	The ED re-educated the Lead Care Managers and the Housekeeping staff on the expected review, observation and reporting process for resident apartment walls, floors and ceilings, which are finished, that need repair, replacement and/or cleaning.
	3/2/2020	The Lead Care Managers conduct a walk-through of resident apartments during their crossover meeting from shift to shift. During this walk-through they are confirming that resident apartment walls, floors and ceilings, which are finished, are clean and good repair.
	3/2/2020	During daily responsibilities the Housekeeping staff observe common area walls, floors and ceilings, which are finished, are clean and good repair.
	3/2/2020	Any walls (including baseboards), floors and ceilings identified in need of repair, the staff will report it to the MC through the electronic maintenance log.
	3/11/2020	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.

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

In the main kitchen walk-in refrigerator, there was unlabeled and undated salad mix, red meat, and carrots. In the 3rd floor activity area kitchen, there was a container of unknown food, unlabeled and undated.

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

[Redacted Signature]

Executive Director 3/16/20
Date

Signature

Printed Name and Title

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Implemented

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
103e	1/14/2020	The Dining Services Coordinator (DSC) discarded the items in the main kitchen walk-in refrigerator, which were identified to be unlabeled and undated; salad mix, red meat, and carrots.
	1/14/2020	The DSC discarded the container of unknown food, which was unlabeled and undated, in the 3rd floor activity area kitchen.
	1/14/2020	The DSC audited the main kitchen and 3 rd floor kitchen to confirm that food was labeled and dated appropriately.
	1/20/2020	The DSC informed the main kitchen staff that food in the main kitchen refrigerators have to be labeled and dated appropriately.
	1/20/2020	The DSC informed care staff that food in the 3 rd floor kitchen area has to be labeled and dated appropriately.
	1/20/2020	The DSC conducts a weekly walk through of the main kitchen and 3 rd floor kitchen area to confirm that food was labeled and dated appropriately.
	1/22/2020	The ED conducts bi-weekly review of the main kitchen and 3 rd floor kitchen area to confirm that food was labeled and dated appropriately.
	3/11/2020	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.

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer compartment of the 3rd floor activity area refrigerator.

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

[Redacted Signature]

Signature

Executive Director

Printed Name and Title

3/6/20
Date

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(Date)

Implemented

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(Initials)

Regulation	Target Date by Which Correction will be completed	Plan of Correction
103f	1/28/2020	The DSC replaced the thermometer in the freezer compartment of the 3rd floor activity area refrigerator. It has been attached with a zip tie to secure it in the refrigerator.
	1/28/2020	The DSC checked the common area refrigerators and the main kitchen to verify that there is a thermometer in each.
	1/28/2020	During the weekly collection of refrigerator temperature logs, the DSC verifies there is a thermometer in place in the common area refrigerators and the main kitchen.
	3/11/2020	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.

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103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the main kitchen area, a bag of pecans on the dry food shelf was opened and unsealed. A bag of dried couscous was undated.

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

[Redacted Signature]

Executive Director 3/16/20
Date

Signature

Printed Name and Title

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
103g	1/14/2020	The DSC discarded the bag of pecans on the dry food shelf and the bag of dried couscous.
	1/14/2020	The DSC audited the main kitchen areas to verify all food is sealed and dated as needed.
	1/14/2020	The DSC informed the main kitchen staff that food in the main kitchen refrigerators have to be labeled and dated appropriately.
	1/20/2020	The DSC conducts a weekly walk through of the main kitchen area to confirm that food is properly sealed, labeled and dated appropriately.
	1/27/2020	The ED conducts bi-weekly review of the main kitchen area to confirm that food is properly sealed, labeled and dated appropriately.
	3/11/2020	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.

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103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the main kitchen, there was a dented can of corn beef hash located on the rack of canned goods.

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

[Redacted Signature]

Executive Director 3/16/20
Date

Signature

Printed Name and Title

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
103i	1/14/2020	The DSC placed the dented can of corn beef hash in the "Dented Can" area of the storage room. The can was then returned to provider during next food shipment.
	1/14/2020	The DSC audited the dry food area to determine if there were any other dented cans. All dented can were placed in the "Dented Can" area of the storage room.
	1/14/2020	The DSC informed the main kitchen staff that has the food shipment is unpacked all canned goods are to be checked for dents. If dented the can is placed in the "Dented Can" area of the storage room.
	1/20/2020	The DSC and kitchen staff check can goods upon each shipment.
	3/11/2020	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.

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

There was an insufficient amount of non-perishable protein (meat and beans) that are required for the 3 day emergency supply dinner menu.

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

[Redacted Signature]

Signature

Executive Director 3/8/20
Printed Name and Title Date

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(Initials)

Regulation	Target Date by Which Correction will be completed	Plan of Correction
107c	1/15/2020	The DSC ordered additional non-perishable protein (meat and beans) that are required for the 3-day emergency supply dinner menu.
	1/15/2020	The DCS reviewed all non-perishable food to verify that there was sufficient non-perishable protein (meat and beans) that are required for the 3-day emergency supply dinner menu.
	1/20/2020	DSC has segregated a section of storage designated for a 3-day supply of non-perishable protein with required amounts and expiration date to ensure a balanced 3 day supply of emergency food. This will be monitored weekly by DSC.
	3/11/2020	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.

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. The most recent letter found for the annual submission of the emergency plan is dated 8/15/17. It was sent to the local fire company and not to the municipal emergency management agency.

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

Printed Name and Title

Excelsior Director *3/16/20*
Date

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(Date)

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(Initials)

- Implemented
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Regulation	Target Date by Which Correction will be completed	Plan of Correction
107d	1/30/2020	The ED reviewed and updated the Emergency Procedures manual.
	2/5/2020	The updated Emergency Procedures were reviewed with the Community Leadership team during the Quality Management meeting.
	3/6/2020	The MC sent the Emergency Procedures to the local Emergency Management Agency.
	2/28/2020	The ED has set an outlook reminder to review the Emergency Procedures manual annually during the Quality Management meeting.
	Annually	The MC sends the updated copy to the local Emergency Management Agency.
	3/11/2020	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.

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two cardboard boxes of paper resident records were within 5 inches of the boiler located in the 3rd floor attic. Four stacks of cardboard boxes of paper resident records were stored within 30 inches of the boiler, located in the 3rd floor attic.

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: [Redacted] Printed Name and Title: Executive Director Date: 3/16/20

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The above plan of correction was approved by CM (Initials) [X] Implemented [] Not Implemented

Regulation	Target Date by Which Correction will be completed	Plan of Correction
125a	1/17/2020	The MC removed the two cardboard boxes of paper resident records and the four stacks of cardboard boxes of paper resident records that were stored, located in the 4 th floor attic (we do not have a 3 rd floor attic as indicated on the violation report).
	4/30/2020	The Business Office Coordinator (BOC) is reviewing resident paper records that are in storage, for resident who no longer reside in the community, and preparing them for shipment to Iron Mountain.
	1/17/2020	As paper records are no longer needed and placed in storage, the BOC and MC will verify they are stored at a safe distance from heat sources or hot water heaters.
	3/11/2020	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.

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131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the designated smoking room on the 1st floor has not been inspected by a fire safety expert since November of 2018.

The fire extinguisher inside the 3rd floor attic boiler room has not been inspected by a fire safety expert since November of 2018.

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

[Redacted Signature]

Executive Director

3/6/20
Date

Signature

Printed Name and Title

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The above plan of correction is approved as of 4/6/2020
(Date)

Plan of correction implementation status as of 4/28/2020
(Date)

Implemented

Not Implemented

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

Regulation	Target Date by Which Correction will be completed	Plan of Correction
131f	1/31/2020	The fire extinguisher in the designated smoking room on the 1st floor was inspected by a fire safety expert.
	1/31/2020	The fire extinguisher inside the 3rd floor attic boiler room inspected by a fire safety expert.
	Annually	During the annual inspection of fire extinguishers by the Fire Safety Expert, the fire extinguishers are tagged to indicate when they have been inspected.
	1/20/2020	The MC maintains a list of all the fire extinguishers in the community.
	1/20/2020	The MC uses the list to verify that all fire extinguishers were inspected during the annual fire safety expert inspection.
	3/11/2020	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.

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

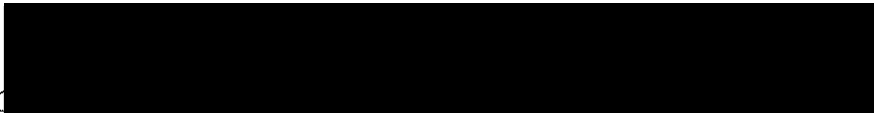
Description of Violation

The fire safety expert letter dated 10/30/19 was approved for a maximum of 13 minutes to evacuate to a fire safe area. On 10/30/19, at 1:30pm, the fire drill evacuation time was 14 minutes 23 seconds. On 12/27/19 at 5:45am, the fire drill evacuation time was 14 minute and 5 seconds.

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

Printed Name and Title

Executive Director 3/16/20
Date

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
132b	10/30/2019	The Fire Safety Expert (FSE) conducted a fire safety inspection, fire drill, and training to staff and issued Sunrise of Paoli a Fire Safety letter with an extended evacuation time. During the training the FSE indicated the evacuation time was 15 minutes. The 10/3/2019 letter from the FSE had an incorrect extended evacuation time listed.
	1/14/2020	Upon identifying the error, the ED contacted and informed the FSE of the error. The FSE issued a corrected letter to Sunrise of Paoli. The correct extended evacuation time is 15 minutes. (See attached letter)
	1/14/2020	Annually the FSE conducts a fire safety inspection, fire drill, and training to staff and issues Sunrise of Paoli a Fire Safety letter with an extended evacuation time.
	1/14/2020	The ED reviews the letter and maintains a copy.
	3/11/2020	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.

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #3 was undated by the physician. The exact date of the evaluation can not be determined.

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

[Redacted Signature]

Signature

Executive Director

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
141a	1/20/2020	The RCD called the Resident #3's Primary Care Physician to verify the completion date of the Medical Evaluation form and to receive verbal order to date form.
	1/20/2020	The RCD reviewed the current resident medical evaluation forms to verify resident medical evaluation forms are dated.
	1/20/2020 and ongoing	Upon move-in of a resident the medical evaluation form is reviewed by the RCD to ensure the form is complete.
	1/20/2020	The ED reviews the resident medical chart of all new move-ins weekly for completion.
	3/11/2020	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.

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Support Plans have not been signed for Residents #1, 2, 3, 4, 5 & 6.

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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[Redacted Signature]

Signature

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
227g	1/20/2020	Current support plans for resident #1, 2 3, 4, 5 and 6's are signed by responsible parties that participated in the development of the support plan.
	1/20/2020	The PCC and RC schedule care plan meetings with the resident and responsible parties, and verify signatures are obtained during review.
	1/20/2020	The PCC and RC audited past support plans and verified all have been signed and reviewed by those involved in the development of the support plan.
	1/20/2020	The ED conducts a weekly review of the upcoming support plan reviews and confirms with the PC and the RCC that date and signatures are obtained.
	3/11/2020	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.

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252 - Record Content

Regulations

2600.

- 252. Content of Resident Records - Each resident's record must include the following information:
 - 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's record does not list [redacted] eye or hair color accurately. Instead, the record has the words "wait list" entered on the lines for those categories.

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

[Redacted Signature]

Signature

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3/16/20

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
252	1/20/2020	The RCD corrected Resident #1's record to list eye and hair color accurately.
	1/20/2020	The RCD reviewed the current resident record forms to verify the following information is listed: Race, height, weight, color of hair, color of eyes, religious affiliation if any identifying marks.
	1/20/2020	Upon move-in of a resident the resident record form is reviewed by the RCD to verify the following information is listed: Race, height, weight, color of hair, color of eyes, religious affiliation if any identifying marks.
	1/20/2020	The ED reviews the resident administrative file upon move in, to ensure the following information is listed: Race, height, weight, color of hair, color of eyes, religious affiliation if any identifying marks.
	3/11/2020	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.

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