

Department of Human Services  
Bureau of Human Service Licensing

March 24, 2021

[REDACTED], ADMINISTRATOR  
WELLTOWER OPCO GROUP LLC  
7902 WESTPARK DRIVE  
ATTN - MENERVA PHILSON  
MCLEAN, VA 22102

RE: SUNRISE OF PAOLI  
324 WEST LANCASTER AVENUE  
MALVERN, PA, 19355  
LICENSE/COC#: 14325

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/10/2020, 12/11/2020, 12/15/2020, 12/16/2020, 12/18/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



Resident Demographic Data as of Inspection Dates *(continued)*

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 0

## Inspections / Reviews

12/10/2020 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/29/2021

3/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/29/2021

## 42b - Abuse

## 1. Requirements

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**

*Resident #1 was subject to neglect due to a deprivation of services necessary to maintain physical health when CPR was withheld by staff. At approximately 3:00am on 11/12/20, resident #1 was found to be unresponsive, without a pulse. Staff person A and B, who are certified in CPR, did not provide CPR to resident #1 in accordance with their training, the homes medical emergency policy and procedures and instruction by their supervisor and the 911 operator.*

*Resident #1 does not have a DNR order on file. Staff Person C, who is not CPR certified and who initially observed resident #1 to be unresponsive, informed CPR certified staff person A. Both Staff person A and C, went into resident #1's room, checked to see if resident was unresponsive, then left room and informed CPR Certified Staff Person B. Staff persons A, B, and C, then re entered the resident room, checked to see that resident was unresponsive, then all three staff persons left the residents room to go to the nurses station. As reported by staff A and B, no staff person began CPR on the resident in accordance with the homes policy. Staff person C, then called their supervisor, who informed the staff to call 911 and have someone begin CPR on resident and continue until EMS arrived on site. Staff person C then called 911. 911 operator also advised that CPR be started on resident and continue until EMS arrived on site. Staff person A, B, and C then returned to the resident room but again, did not perform CPR on resident. EMS arrived onsite at approximately 3:32am and staff informed them that CPR had not been provided to the resident at any time.*

**Plan of Correction****Accept**

*Executive Director reviewed Abuse and Neglect with all team members including deprivation of services to ensure staff understanding.*

*The Executive Director will schedule training for team members with a representative from the Department of Aging on Abuse/Neglect.*

*Abuse and Abuse/Neglect Reporting Requirements (including OAPSA) training will continue to be completed upon hire and annually for all team members.*

*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. 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 violation does not occur again.*

**Completion Date:** 03/22/2021

## 63d - Certified CPR Staff

## 1. Requirements

2600.

- 63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

63d - Certified CPR Staff (continued)

**Description of Violation**

*On 11/12/20, resident #1 became unresponsive and was observed by staff persons to be without respiration or pulse. Staff persons A and B who are certified in obstructed airway techniques and CPR were present and on duty at the time and failed to render assistance to the resident in accordance with his/her training. Staff members were advised by a supervisor, and a 911 responder to begin CPR.*

**Plan of Correction**

**Accept**

*Immediately following incident Executive Director met with staff persons A and B, staff persons were trained on the CPR policy as well as the need to respond to a resident when observed without pulse and/or respirations. CPR policy clarified with all staff persons, CPR policy currently reads that CPR can be withheld if infectious disease is present (resident positive for COVID 19 at time of death)  
On 11/13/20 Executive Director held training with all overnight care staff regarding CPR policy and responding to resident emergencies.  
All staff persons trained on CPR policy/procedures and need to respond to residents who do not have a do not resuscitate order and are observed without pulse/respirations.  
Training to continue to be reviewed with all new hires as part of new hire orientation.  
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 violation does not occur again.*

**Completion Date:** 03/22/2021

143a - Emergency Medical Plan

**1. Requirements**

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

## 143a - Emergency Medical Plan (continued)

**Description of Violation**

The homes written emergency medical plan has a specific section regarding responding to medical emergencies and includes a separate CPR policy that outlines the steps for responding to an unresponsive resident and performing CPR. The CPR policy reads: It is the policy of the community that a resident, who is found unresponsive, without a pulse and does not have a Do Not Resuscitate Order (DNR), will have CPR initiated by a team member certified in CPR unless it is determined by a healthcare professional, acting within the established scope of practice, that obvious clinical signs of death are present. The policy further outlines the steps to be taken and reads:

Section 1 a resident who is found unresponsive, without a pulse, the Team Member will:

- a. Validate the residents code status
- b. If the resident does not have a DNR order
  - i. Call/have another team member call Emergency Services (911)
  - ii. The CPR Certified team member will start CPR
  - iii. Utilize AED if present on site
  - iv. Continue CPR until emergency services arrive and assumes care for the resident

Staff did not properly follow the policy set forth by the homes Medical Emergencies Policy on 11/12/20. At approximately 3:00am on 11/12/20, resident 1 was found to be unresponsive, without a pulse. Resident 1 does not have a DNR order on file. Staff Person C, who is not CPR certified and who initially observed resident 1 to be unresponsive, informed staff person A, who is CPR certified. Both Staff person A and C, when into resident 1's room, checked to see if resident was unresponsive, then left room and informed Staff Person B, who is also CPR certified. Staff persons A, B, and C, then re entered the resident room again, checked to see that resident was unresponsive, then all three left the room to go to the nurses station. As reported by staff A and B, no staff person began CPR on the resident. Staff person C, then called their supervisor, who informed the staff to call 911 and have someone begin CPR on resident and continue until EMS arrived on site. Staff person C then called 911. 911 operator also advised that CPR be started on resident and continue until EMS arrived on site. Staff person A, B, and C then returned to the resident room but did not perform CPR on resident. EMS arrived onsite and staff informed them that CPR had not been provided to the resident at any time.

**Plan of Correction****Accept**

Immediately following incident Executive Director met with staff persons A B and C, staff persons were trained on the CPR policy as well as emergency preparedness and responding to emergencies.

On 11/13/20 Executive Director held training with all overnight care staff regarding responding to resident emergencies.

All staff persons trained on CPR policy/procedures and need to respond to residents who do not have a do not resuscitate as well as managing emergency situations.

Training to continue to be reviewed with all new hires as part of new hire orientation.

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 violation does not occur again.

Completion Date: 03/22/2021