

Department of Human Services
Bureau of Human Service Licensing

November 23, 2021

[REDACTED]
WELLTOWER OPCO GROUP LLC
[REDACTED]
[REDACTED]

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 review on 08/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SUNRISE OF PAOLI* License #: *14325* License Expiration Date: *12/16/2021*
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: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*
Phone: *6102519994* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional, Monitoring* Exit Conference Date: *08/25/2021*

Inspection Dates and Department Representative

08/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *52*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *14*

Hospice

Current Residents: *0*

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: *33* Have Physical Disability: *0*

Inspections / Reviews

08/25/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2021*

11/22/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/29/2021*

11/23/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

[REDACTED]

WITHDRAWN

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]