

Department of Human Services
Bureau of Human Service Licensing

December 8, 2021

[REDACTED], DIRECTOR OF OPERATIONS
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
[REDACTED]
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 11/03/2021 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,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SUNRISE OF PAOLI* License #: *14325* License Expiration:
Address: *324 WEST LANCASTER AVENUE, MALVERN, PA 19355*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-720-8667* Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: *7902 WESTPARK DRIVE, [REDACTED], MCLEAN, VA, 22102*
Phone: *6102519994* Email: *LICENSING@SUNRISESENIORLIVING.COM*

Certificate(s) of Occupancy

Type: *I-2* Date: *09/02/1998* Issued By: *Willistown Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection Information

Start Date: *11/03/2021* Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *54*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *1*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2021*

Inspection Dates and Department Representative (*continued*)

11/03/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/11/2021*

82c - Locking Poisonous Materials

Physical Site

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

There was [redacted] with a manufacturer's label indicating "[caution: it's dangerous to take this preparation unless under medical supervision]." It was unlocked, unattended, and accessible to residents in the Memory Care unit under the sink in the little kitchen. Not all the residents of the home, including the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept

The Maintenance Coordinator (MC) immediately removed the Apetamin Vitamin Syrup, that was found in the cabinet of the reminiscence neighborhood kitchen. Community staff persons completed a review of all other common areas to verify any items that are labeled as poisonous are secured properly. The Reminiscence Coordinator (RC) reviewed with staff persons how to identify poisonous materials and require to be secured when not in use by a staff person, including the procedures for securing the items. During daily rounds the staff persons who work in the Reminiscence neighborhood check for poisonous materials and secure the items as necessary. The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021

85a - Sanitary Conditions

Physical Site

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/03/21, the ice machine in the main kitchen had a brown substance around the door and on the white plastic inside.

On 11/03/21, the carpets at Exit Stair C were stained and discolored.

Plan of Correction

Accept

The Dining Services Coordinator (DSC) cleaned the ice machine of the main kitchen. This is the only ice machine in the community. The MC to evaluate what is under the carpet to determine if there is the option to use the existing flooring on stairwells.

Physical Site (continued)

*The MC obtained a quote for the carpet replacement in Exit Stair C.
 Exit Stair carpet replacement approved and scheduled for replacement.
 The MC conducted a walkthrough of the Exit Stairs to determine if there were any other carpet issues that required cleaning or replacement.
 The ice machine is checked daily and sanitized daily by the DSC or designee.
 The MC or designee conducts a monthly walk through of the community and identifies any carpets not in good repair. Any identified carpets are scheduled for cleaning and/or replacement as necessary.
 The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

Completion Date: 12/10/2021

Update: 12/07/2021

Provide documentation

105g - Lint Removal and Duct Cleaning

Physical Site

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/03/21, there was a significant amount of lint in the main dryer's lint trap. There were no clothes in the dryer at the time.

Plan of Correction

Accept

*The dryer of the commercial laundry room (main dryer) was immediately cleaned out by the MC.
 The MC completed a check of all dryers in community to verify all were cleaned and there was no lint found on the lint traps.
 The MC and the Care Coordinators will provide retraining for staff on need to clean out lint traps and all areas of the dryers with lint every time dryer is used.
 The MC schedules cleaning of the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions quarterly.
 The coordinators or designee check laundry rooms randomly to verify lint traps are clean and immediate retraining and review will occur with Care Managers and other staff on duty if any issues are identified.
 The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

Completion Date: 12/10/2021

184a - Labeling OTC/CAM

Medications

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on the bottle of Apetamin observed in cupboard under the sink in the memory care unit.

Plan of Correction

Accept

The MC immediately removed the vitamin syrup, Apetamin, that was found in the cabinet of the reminiscence neighborhood kitchen.

Community staff persons completed a review of all other common areas to verify that there are no medications stored in common areas and without a pharmacy label.

The RC retrained staff that any medications or supplements must be labeled and if any are found without a label, they should be reported to the Wellness Department. Additional training provided on proper storage of staff personal items while working.

During daily rounds the staff persons who work in the Reminiscence neighborhood check for proper storage of staff personal items and any unsecured and unlabeled medications.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021

184b - Resident's Meds Labeled

Medications

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 11/3/21, there was a bottle of Apetamin Vitamin syrup in the Memory Care unit under the sink in the little kitchen. There was no label on the package indicating the resident the medication belongs to.

Plan of Correction

Accept

The MC immediately removed the vitamin syrup, Apetamin, that was found in the cabinet of the reminiscence neighborhood kitchen.

Community staff persons completed a review of all other common areas to verify that there are no medications stored in common areas and without a pharmacy label.

Medications (continued)

The RC retrained staff that any medications or supplements must be labeled and if any are found without a label, they should be reported to the Wellness Department. Additional training provided on proper storage of staff personal items while working.

During daily rounds the staff persons who work in the Reminiscence neighborhood check for proper storage of staff personal items and any unsecured and unlabeled medications.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021

Update: 12/07/2021

Provided documentation of training

190b - Insulin Injections

Medications

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 11/3/21, the home could not provide documentation that staff person A, has successfully completed a Department-approved diabetes patient education program with in the last 12 months. Staff person A worked as medication care manger on 10/22, 10/23, 10/24, 10/28, 10/29, 11/1, 11/2 and 11/4.

Plan of Correction

Accept

Staff person A scheduled for an approved diabetes patient education program.

An audit of all medication care managers training documents completed to verify each had training from an approved diabetes patient education program within the past 12 months. Any staff persons missing training were scheduled for the 11/9/2021 course.

The RCD or designee schedules training annually and monitors completion of the approved diabetes patient education program. Proof of completion is retained per staff person that administers medication.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021

Update: 12/07/2021

Provide documentation

190c - Record of Training

Medications

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include documentation of successful completion of handwashing or gloving. On October 22, 2021, staff person A worked as a med care manager from 3:00 pm - 11:00 pm. On October 23rd and 24th, 2021, worked 7:00 am – 3:00 pm and 3:00 pm – 11:00 pm. On October 28th, 2021, worked 7:00 am – 3:00 pm. On October 29, 2021 worked 7:00 am - 3:00 pm and 3:00 pm - 11:00 pm On 11/01/2021, 11/02/2021, and 11/04/2021, worked 7:00 am - 3:00 pm.

Plan of Correction

Accept

The staff person A completed first day of course which included handwashing.

The RCD or designee provided staff person A with Handwashing training.

An audit of all other medication care managers was completed to verify they received the handwashing training upon hire. Training will be provided by the RCD or designee for any identified as not completed.

The RCD or designee will conduct handwashing training at time of hire and document the training.

The Business Office Coordinator or designee will verify handwashing training is completed prior to filing personnel record.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021

Update: 12/07/2021

Provide documentation

103f - Refrigerator/Freezer Temps

Physical Site

1. Requirements

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

On 11/3/21, the temperature in the small refrigerator in the main kitchen was 54 degrees Fahrenheit.

Repeat Violation: 09/28/2021.

Plan of Correction

Accept

The DSC lowered the temperature to the small refrigerator of the main kitchen so that it is at 40°F or below.

Physical Site (continued)

The MC and/or designee inspected all common area refrigerators and freezers to verify food requiring refrigeration is be stored at or below 40°F.

The DSC was trained on the expectation to conduct regular checks of the refrigerator and document findings.

Training will also include expectation to report any temperature concerns to the Maintenance Coordinator immediately so that a repair can be initiated.

The DSC conducts regular checks of the temperature of the small refrigerator of the main kitchen and temperature checks are documented near the refrigerator.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/10/2021