

Department of Human Services
Bureau of Human Service Licensing

May 18, 2022

[REDACTED]
WELLTOWER OPCO GROUP LLC
[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 03/10/2022, 03/11/2022, 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *03/09/2023*
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 LICENSING, MCLEAN, VA, 22102*
Phone: *6102519994* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *03/10/2022*

Inspection Dates and Department Representative

03/10/2022 - On-Site: [REDACTED]
03/11/2022 - Off-Site: [REDACTED]
03/17/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *12*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

03/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2022*

Inspections / Reviews (*continued*)

03/31/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/15/2022*

05/18/2022 - Document Submission

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

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The back door on the home's 3rd floor secured dementia unit (SDCU) is equipped with an electromagnetic lock. It requires a keycode to be opened and when the door remains open for more than 20 seconds, the alarm goes off. On 02/22/2022 around 06:30 PM, resident #1, who resides on the SDCU, was able to exit through this door without entering the keycode or triggering the alarm. According staff A, who tested this door after the incident, the door opened after being pushed hard about three times but the alarm did not go off.

Plan of Correction**Accept**

The door was immediately checked and found to be in working order.

Community staff persons completed a review of all other doors with similar locking mechanisms, and all were found to be working properly.

Staff persons were provided retraining to report any issues to a Coordinator on duty or Executive Director immediately.

During daily rounds the Reminiscence Coordinator (RC) and/or designee will check to confirm that the door is working properly.

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: 04/13/2022

Document Submission**Implemented**

Documents attached.

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 02/22/2022 around dinner time, resident #1 kept approaching the hotpots containing hot food items. Staff B kept asking the resident to leave the area and go to the common areas until dinner was served. Later, the resident came out with a bowl containing peanut butter, paper towel, and some type of liquid, water or milk. Afraid of the resident choking on the paper towel, Staff B took the bowl from the resident and trashed it in plain sight of the resident, which triggered the resident, causing an aggressive behavior such as kicking the staff, calling the staff by names, throwing a glass, and so on. On both occasions, staff B and other staff failed to implement positive interventions including redirection and de-escalation techniques.

Plan of Correction**Accept**

The Reminiscence Coordinator (RC) conducted retraining of staff immediately following the incident.

Dementia training was conducted by the Reminiscence Coordinator (RC) for all staff in the building. Training topics

201 - Positive Interventions (continued)

included: understanding dementia, behavioral expressions and interventions, positive approaches, empathy, redirection, de-escalation, and the importance of joining their reality.

The Reminiscence Coordinator (RC) came to the community on all shifts to observe and support staff in their work with the residents.

The Reminiscence Coordinator (RC) will continue to conduct intermittent unannounced observations of staff. Any concerns will be addressed immediately, and retraining will occur on the spot.

The Reminiscence Coordinator (RC) will conduct ongoing Dementia training for all staff persons in accordance with the community's annual training plan.

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: 04/13/2022

Document Submission

Implemented

Documents attached.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates the resident has a need for aggression. The resident's support plan, dated [REDACTED], does not document how this need will be met.

Plan of Correction

Accept

The Reminiscence Coordinator (RC) conducted a review of the assessment and support plan for resident #1. The support plan was revised, and all areas of need have interventions to address the needs. The need for aggression for resident #1 has an intervention noted.

The Reminiscence Coordinator (RC) and Personal Care Coordinator (PCC) will conduct a review of the remaining support plans for residents to confirm all needs have interventions identified. Revisions will be made to support plans as needed.

The interdisciplinary team will update resident support plans as needed to address changes in status during weekly reviews.

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: 04/13/2022

Document Submission

Implemented

Documents attached.

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

The home uses its own assessment and support plan. The home does not have a signature page for resident #1's support plan dated [redacted] on file.

Plan of Correction

Accept

The Reminiscence Coordinator (RC) met with the family of resident #1 to review the support plan, and the plan was signed at that time.

The Reminiscence Coordinator (RC) and Personal Care Coordinator (PCC) will conduct a review of the remaining support plans for residents to confirm all plans have a signature page. Any plans without a signature page will be reviewed with residents and responsible parties and updated accordingly.

During a weekly review meeting, the interdisciplinary team will review the completion of family meetings during the week and ensure a completed signature page is in place.

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: 04/13/2022

Document Submission

Implemented

Documents attached.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the back door from the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept

The Reminiscence Coordinator (RC) and Maintenance Coordinator (MC) posted the information near the door as required.

The RC completed a review of all secure exits and directions are posted at all secure exits.

Staff persons were trained on the requirement to have codes posted on secured doors and elevators in the community. Staff persons were retrained to immediately report any issues to a Coordinator on duty or Executive Director.

During daily rounds the Reminiscence Coordinator (RC) and/or designee to check to confirm that directions are posted at all secure exits.

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.

233c - Key-Locking Devices (continued)

Completion Date: 04/13/2022

Document Submission

Implemented

Documents attached.

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on [REDACTED]. The resident has displayed aggressive behaviors towards other residents and staff; however, the support plan was not revised to address this change in his behavior.

Plan of Correction

Accept

The Reminiscence Coordinator (RC) revised the support plan for resident #1. The plan was revised to include aggression.

The Reminiscence Coordinator (RC) and Personal Care Coordinator (PCC) will conduct a review of the remaining support plans for residents to confirm all contain the most updated information and interventions for each resident. Revisions will be made to support plans as needed.

During a weekly review meeting, the interdisciplinary team will review/audit the support plans of any residents who have experienced a change in status to ensure the support plans have been updated.

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: 04/13/2022

Document Submission

Implemented

Documents attached.