

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

February 1, 2023

[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 12/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/02/1998* Issued By: *Commonwealth of Pennsylvania*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/01/2022*

Inspection Dates and Department Representative

12/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *11*

Hospice
 Current Residents: *NM*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

12/01/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2022*

12/27/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/31/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/01/2023*

Inspections / Reviews *(continued)*

02/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]-22, staff person A was identified as being rude to resident #1 while providing morning care. This incident was observed by staff person B and by way of a camera device in the room. This incident was not reported to administration by staff person B, upon completion of care in the morning. However, this allegation of abuse was reported by the family after observing the actions of staff person A on camera. Staff person B, failed to report any allegations of abuse or concerns with the treatment of resident #1 during morning care.

Plan of Correction

Accept [REDACTED] - 12/27/2022)

Upon discovery of the incident the Executive Director immediately followed all reporting requirements and protocols. An oral report was immediately made to Chester County OAPS along with a follow up written report and a written report was also sent to DHS on [REDACTED]/22. Both Staff Person A and B were immediately placed on administrative leave pending the outcome of the investigation. Staff person A was terminated from employment on [REDACTED]/22 and Staff Person B received retraining in Resident's Rights as well as Incident Reporting- Abuse, Neglect and Exploitation Reporting prior to returning to work.

Additionally, all other Team Members will receive additional training in Resident's Rights, Abuse and Neglect and Incident Reporting by 1/31/2023.

POC to be reviewed at Quarterly Quality Improvement Meeting by 1/31/2023.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented ([REDACTED] - 02/01/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED]-22, for resident #1 indicates the resident requires assistance with oral care. On [REDACTED]-22, the resident did not receive this assistance as required by staff persons A and B. [REDACTED] staff person A, he/she questioned the granddaughter of resident #1 asking them the following question : " How do you, do [REDACTED] oral care?"

Plan of Correction

Accept [REDACTED] - 12/27/2022)

Oral Care for Resident's is covered in initial onboarding for Team Members as well as annually.

All Team Members will receive additional training in Oral Care by 1/31/2023.

23a - Activities of Daily Living Assistance (continued)

POC to be reviewed at Quarterly Quality Improvement Meeting by 1/31/2023.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] - 02/01/2023)

42b - Abuse

3. 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

On [REDACTED] 22, staff person A and B entered the room of resident #1 [REDACTED]. Resident #1 has a known injury, [REDACTED] and therefore is a two person assist. Resident #1, [REDACTED] reached for the hands of staff person to gain a sense of security. [REDACTED] staff person A, who was witnessed by camera and staff person B, while saying to the resident. "Don't touch me! Don't grab me!" The emotional abuse displayed by Staff person A, was a form of intimidation. Staff person B, failed to report the incident to administration and allowed resident # 1 to be intimidated, [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/27/2022)

Upon discovery of the incident the Executive Director immediately followed all reporting requirements and protocols. Oral report was immediately made to OAPS along with a follow up written report and a written report was also sent to DHS on 11/16/22. Both Staff Person A and B were immediately placed on administrative leave pending the outcome of the investigation. Staff person A was terminated from employment on [REDACTED]/22 and Staff Person B received retraining in Resident's Rights as well as Incident Reporting- Abuse, Neglect and Exploitation Reporting prior to returning to work.

Additionally, all other Team Members will receive additional training in Resident's Rights, Abuse and Neglect and Incident Reporting by 1/31/2023.

All resident's in the community will be re-informed of their individual resident rights as well as the complaint procedure and process for contacting the Ombudsman Office during Resident Council no later than 1-31-2023.

POC to be reviewed at Quarterly Quality Improvement Meeting by 1/31/2023.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] 02/01/2023)

66b - Training Plan Content

4. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b - Training Plan Content (continued)**Description of Violation**

The home's staff training plan does not include detailed training on providing oral care, and the different types of abuse.

Plan of Correction**Accept** [REDACTED] - 12/27/2022)

Oral Care for Resident's is covered in initial onboarding for Team Members as well as annually.

Additionally, Team Members are trained upon hire and annually on Resident's Rights, Abuse and Neglect and Incident Reporting.

All Team Members will receive additional training in Oral Care, Resident's Rights, Abuse and Neglect and Incident Reporting by 1/31/2023.

POC to be reviewed at Quarterly Quality Improvement Meeting by 1/31/2023.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] - 02/01/2023)