

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

April 27, 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 02/27/2023, 02/28/2023 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]

[REDACTED] Bureau of Human Service Licensing

Facility Information

Name: SUNRISE OF PAOLI **Licen e #:** 14325 **Licen e Expiration:** 03/09/2024
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:** 06/03/1997 **Issued By:** Department of L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Waking Staff:** 56

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 02/28/2023

Inspection Dates and Department Representative

02/27/2023 - On-Site: [REDACTED]
02/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 110 **Re ident Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 25 **Re ident Served:** 14

Hospice

Current Re ident : 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 24 **Have Physical Disability:** 1

Inspections / Reviews

02/27/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/23/2023

Inspections / Reviews *(continued)*

03/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/24/2023

04/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a US high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) 03/28/2023)

On 2/28/2023, the Executive Director confirmed Staff Person A had not worked as a direct care staff person since 2/22/23.

On 3/22/2023, Staff Person A produced an educational equivalent review which states Staff Person's A foreign diploma is the equivalent of a US high school diploma. The Executive Director submitted the documentation to the Department of Human Services which was approved on 3/23/23.

On 3/2/2023, the Executive Director and Business Office Coordinator completed an audit of direct care staff persons personnel records to verify proof of qualifications is available.

On 3/2/2023, the Executive Director provided training to the BOC on the educational requirements to be hired as a direct care staff person in a personal care home.

As of 3/24/2023, the Executive Director will conduct a weekly review of new staff persons files to verify there is proper documentation of educational requirements to work as a direct care staff person in the community.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (████) - 04/27/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff persons A and B did not receive training in Medication self-administration during training year 2022.

Plan of Correction

Accept (████) - 03/28/2023)

On 3/2/2023, the Executive Director provided training on self-administration training to Staff Persons A and B.

On 3/2/2023, the Executive Director provided training on self-administration training to all direct care staff persons.

On 3/23/2023, the Executive Director provided training to the Business Office Coordinator, the Resident Care Director, and the Reminiscence Supervisor on required annual training topics including the topic of self-administration.

On 3/23/2023, the Business Office Coordinator added the self-administration training topic to the community's 2023 training plan.

As of 3/30/23, the Executive Director will verify training topics were covered by on the 2023 learning plan and review training compliance monthly.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months

65f - Training Topics (continued)

by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

82c Locking Poisonous Materials

3. 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

On 2/27/23 at 2:42 PM, in the secure dementia care unit(SDCU) bedroom [redacted] there was [redacted] hand soap, with a manufacture's label indicating contact poison control if swallowed, unlocked, unattended, and accessible to residents. Not all the residents of the home, including all residents in SDCU, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ([redacted] 03/28/2023)

On 2/27/2023, the bottle of [redacted] hand soap was immediately removed from room [redacted] by the Reminiscence Supervisor.

On 2/27/2023, the Reminiscence Supervisor immediately conducted an audit of all bedrooms and common area spaces to verify all poisonous materials were secured.

On 3/2/2023, the Executive Director provided training to all team members on the requirement for poisonous materials to be kept secured and which soap was permitted to be unlocked and unattended in a secured dementia care unit (SDCU).

On 2/28/2023, the Reminiscence Supervisor and/or designee will conduct a daily walk through of the SDCU to verify all poisonous materials are secured.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the

91 - Telephone Numbers (continued)

telephone in bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/28/2023)

On 2/27/2023, an emergency telephone number label with the number to the nearest hospital and fire department was placed on the telephone in room [REDACTED] by the Executive Director.

On 2/27/2023, the Executive Director conducted an audit of all telephones with an outside line in the community to verify an emergency phone number label was present on or near the phone.

On 3/2/2023, the Executive Director provided training to all team members regarding the requirement to have emergency phone numbers posted on or near each telephone with an outside line in the community.

On 3/22/2023, the Maintenance Coordinator or designee will adhere emergency telephone number label to all residents' phones with an outside line at time of move in.

On 3/23/2023, the lead care manager and/or designee will conduct weekly suite audit to verify emergency telephone number labels in place for all resident phones with an outside line.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [REDACTED] - 04/27/2023)

96a - First Aid Kit

5. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 2/27/23 at 2:48PM, The first aid kit in Reminiscence did not include a thermometer.

Plan of Correction

Accept [REDACTED] - 03/28/2023)

On 2/27/2023, a thermometer was immediately placed into the Reminiscence first aid kit by the Resident Care Director.

On 2/27/2023, the Resident Care Director conducted an audit of all first aid kits to verify thermometers and required supplies were present.

On 3/28/2023, the Executive Director and Resident Care Director will provide a training to all staff persons regarding the items required to be contained in the first aid kit.

On 3/23/2023, the Resident Care Director placed a list of required items into each first aid kit; the Resident Care Director and/or designee will audit the contents of the first aid kit weekly to verify all required supplies are present.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [REDACTED] - 04/27/2023)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/27/23 at 2:37 PM, there was an unlabeled, undated tuna sandwiches in the Reminiscence kitchen.

On 2/27/23 at 2:58 PM, there was an unlabeled, undated crab cakes and pretzel nuggets in the walk in freezer.

Plan of Correction

Accept [redacted] - 03/28/2023)

On 2/27/2023, the Executive Director immediately disposed of the tuna sandwiches from the Reminiscence refrigerator. The Dining Services Coordinator disposed of the crab cakes and pretzel nuggets from the walk-in freezer.

On 2/27/2023, the Dining Services Coordinator immediately conducted an audit of the community refrigerators and freezers to verify all food items were labeled and dates.

On 3/2/2023, the Executive Director conducted a training with all team members on the requirement that all food in the Reminiscence and main kitchen refrigerator/freezers, bistro refrigerator, and activity room refrigerator were required to be labeled and dated.

On 2/28/2023, the Dining Services Coordinator and/or designee will conduct daily walk through of the refrigerators and freezers to verify all food items are labeled and dated.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/28/23 from 1:28PM to 1:40PM, a chair blocked egress at the emergency exit in the home's dining area across from the private dining room.

Plan of Correction

Accept [redacted] 03/28/2023)

On 2/28/2023, the Executive Director immediately removed the chair from the egress area.

On 2/28/2023, the Maintenance Coordinator walked the community to verify all emergency exits did not have any items blocking free egress.

On 3/2/2023, the Executive Director provided training to all staff persons that emergency exits needed to have free egress and be free of any items.

On 3/1/2023, the Dining Room Care Manager and/or designee will provide ongoing monitoring of the emergency exit to verify there are no pieces of furniture placed in front of door which would block free egress.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be

121a - Unobstructed Egress (continued)

implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in bus has not been inspected by a fire safety expert since 11/2021.

Plan of Correction

Accept [redacted] 03/28/2023)

On 2/27/2023, the Maintenance Coordinator immediately replaced the fire extinguisher with a new fire extinguisher that had been inspected by a fire safety expert.

On 2/27/2023, The Maintenance Coordinator conducted an audit of all fire extinguishers to verify they had been inspected annually by a fire safety expert.

On 3/23/2023, the Executive Director will provide training to Sr. Maintenance Coordinator and Maintenance Assistance on the need to have the fire extinguishers inspected and approved annually, including the one on the bus.

On 2/27/2023, the Maintenance Coordinator had included the bus fire extinguisher on the master list of extinguishers needing inspection by a fire safety expert.

On 3/24/2023, the Executive Director verifies a fire safety expert is scheduled annually to inspect all fire extinguishers.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

132d - Evacuation

9. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 4/26/22 at 10:50am, The home's total evacuation time was 15 minutes and 43 seconds. The home's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 15 minutes.

Plan of Correction

Accept [redacted] - 03/28/2023)

On 4/10/2022, a fire drill was conducted where all residents were evacuated within the maximum designated evacuation time. The community has conducted successful drills in May 2022, June 2022, July 2022, August 2022,

132d - Evacuation (continued)

September 2022, October 2022, November 2022, December 2022, January 2023, and February 2023.

On 3/8/23, the Executive Director contacted the fire safety expert to schedule an observed fire drill in the community for 4/9/23.

On 3/23/2023, the Executive Director provided training to Maintenance Coordinator and Maintenance Assistance regarding requirement for residents to be evacuated to fire safe area within 15 minutes; training was provided if drill is not successful this should be documented, and another drill conducted.

On 4/9/2023 and ongoing, the Executive Director will verify a fire safety expert conducts an annual fire drill and the residents are evacuated within designated evacuation timeframe by reviewing the fire drill logs monthly.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] 04/27/2023)

171b5 - First Aid Kit

10. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 2/27/23 at 3:10PM, The first aid kit in the bus used to transport residents does not include a thermometer.

Plan of Correction

Accepted [redacted] - 03/28/2023)

On 2/27/2023, a thermometer was immediately placed into the Reminiscence first aid kit by the Resident Care Director.

On 2/27/2023, the Resident Care Director conducted an audit of all first aid kits to verify thermometers and required supplies were present.

On 3/28/2023, the Executive Director and Resident Care Director will provide a training to all staff persons regarding the items required to be contained in the first aid kit.

On 3/23/2023, the Resident Care Director placed a list of required items into each first aid kit; the Resident Care Director and/or designee will audit the contents of the first aid kit weekly to verify all required supplies are present.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

183b - Meds and Syringes Locked

11. Requirements

2600.

183b - Meds and Syringes Locked (continued)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/27/23 at 2:30PM, [redacted] powder and nasal moisturizing spray were unlocked, unattended, and accessible in resident 1's bedroom. Resident 1 is not capable of self administering medications.

Plan of Correction

Accept [redacted] - 03/28/2023)

On 2/27/2023, the [redacted] powder and moisturizing spray for Resident 1 were immediately placed in the secured medication cart. The Resident Care Director received an order from the physician for Resident 1 which stated resident could keep [redacted] power at bedside. The physician for Resident 1 also provided an order which stated resident could keep moisturizing spray at bedside and self-administer.

On 2/27/2023, the Resident Care Director and Wellness Nurse conducted an audit of rooms for Personal Care residents who are not capable of self-administration to verify there were not any medications left unsecured or unattended.

On 3/2/2023, the Executive Director provided training to all team members that if medication is discovered in a resident room, a report should be made to a nurse or medication care manager.

On 3/8/2023, the Resident Care Director provided training to Wellness Nurses and medication care managers that all medications need to always be secured in the medication carts if the resident is not capable of self-administering medications.

On 3/2/2023, the medication care managers will monitor the resident rooms daily to verify medications remain secured.

As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [redacted] tablet 10mg give 1 tablet by mouth two times a day [redacted]. This medication was administered on [redacted]/23 at noon and documented on the controlled substance log, however it was not documented on the medication administration record.

Plan of Correction

Accept [redacted] - 03/28/2023)

On 2/28/23, the Resident Care Director contacted medication care manager and confirmed that the medication was administered.

On 3/24/23, documentation will be added to the resident's record to reflect that the [redacted] was administered.

On 3/1/2023, the Resident Care Director conducted an audit of all MARs since 1/1/23 to verify there was no missing documentation of administration.

On 3/8/2023, the Resident Care Director provided training to Wellness Nurses and medication care managers on proper documentation of administration in the MAR.

187b - Date/Time of Medication Admin. (continued)

On 3/1/2023, the Resident Care Director and/or Wellness Nurse will monitor and review the medication administration dashboard in eMAR system daily to verify there is no missing documentation on the MARs. As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

187d - Follow Prescriber's Orders

13. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [redacted] 1 capsule by mouth two times a day, however on [redacted]/23 it was only given once.

Resident 1 is prescribed [redacted] inhale orally 4 times a day, however on [redacted]/23 this was only administered three times.

Resident 2 is prescribed [redacted] and [redacted] twice daily, however on [redacted]/23 and [redacted]/23 these were only administered once.

Resident 2 is prescribed [redacted] oral tablet and [redacted] oral capsule at bedtime, however this medication was not administered on [redacted]/23 and [redacted]/23.

Plan of Correction

Accept [redacted] - 03/28/2023)

On 3/1/2023, the Incident reports for the medication errors were immediately submitted to Department of Human Services. The physicians, resident and family members for Resident 1 and Resident 2 were notified of the medication errors.

On 3/1/2023, the Resident Care Director conducted an audit of all MARs since 1/1/23 to verify there was no missing documentation of administration.

On 3/8/2023, the Resident Care Director provided training to Wellness Nurses and medication care managers on proper administration of medication utilizing the five rights of administration.

On 3/1/2023, the Resident Care Director and/or Wellness Nurse will monitor and review the medication administration dashboard in eMAR system daily to verify there is no missing documentation on the MARs. As of 3/30/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [redacted] - 04/27/2023)

187d - Follow Prescriber's Orders (*continued*)