

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

August 16, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
WELLTOWER OPCO GROUP LLC

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 06/17/2024 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: *03/09/2025*  
 Address: *324 WEST LANCASTER AVENUE, MALVERN, PA 19355*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *06/17/2024*

**Inspection Dates and Department Representative**

06/17/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *110* Residents Served: *59*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reminiscence unit* Capacity: *25* Residents Served: *14*

Hospice  
 Current Residents: *3*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *33* Have Physical Disability: *0*

**Inspections / Reviews**

06/17/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/08/2024*

08/13/2024 POC Submission  
 Submitted By: [REDACTED] Date Submitted: *08/14/2024*  
 Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *08/23/2024*

Inspections / Reviews *(continued)*

08/16/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. 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], for resident 1 indicates the resident requires assistance with reminders to eat and personal grooming. On [REDACTED], the resident did not receive the assistance as required.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On [REDACTED], Resident was made a new meal and served in [REDACTED] suite. Resident ate the meal with assistance from staff.

On 7/1/2024, Resident review conducted through documentation review, resident audits, & resident interviews by ED and care coordinator to identify residents who need assistance or reminders for feeding and confirmed that resident needs have been met.

Beginning 7/1/2024, ED and department coordinators re- trained all direct care and dining staff on providing services to residents who require assistance with ADL's (to include assistance or reminders with feeding).

Beginning 7/1/2024, ED will conduct 5 private resident interviews per month to ensure resident needs are being met & Review of documentation weekly to ensure needs are being met.

Beginning 7/2024, for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at monthly quality management "QAPI" meeting to verify effectiveness

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 08/16/2024)

29 Hospice Care

2. Requirements

2600.

29. Hospice Care and Services - Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.

Description of Violation

Hospice services are being provided to resident 2 by Aseracare Hospice. Aseracare Hospice is not licensed to provide hospice services. Their license expired 12/31/22.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On 6/17/2024, Aseracare Hospice provided an updated, valid license issued by the PA Department of Health.

On 7/2/2024, RCD Conducted audit of all Hospice Provider licenses to ensure they were valid and current.

Beginning 7/2024 and continuing for 6 months, RCD will conduct a monthly audit of all hospice licenses to ensure they are valid and current.

Beginning 7/2024, for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at monthly quality management "QAPI" meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 08/16/2024)

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

According to resident 1's service plan, dated [REDACTED], the resident requires reminders to eat, due to a nutritional risk and also requires assistance with personal grooming.

On [REDACTED], at approximately [REDACTED] the resident was observed sleeping at the dining room, with a plate of food and dirty wet hair. At [REDACTED], the resident was still sleeping at the dining room table with the same untouched plate of cold food and dirty wet hair. According to staff person A the plate of food was served at 8:25 am and the resident was awakened to eat breakfast. According to staff persons, B and C, assigned to the resident, they did not provide assistance with dressing today nor reminders to eat his/her breakfast.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On [REDACTED], Resident #1 was made a new meal and served in [REDACTED] suite. Resident ate the meal with assistance from staff.

On [REDACTED], ED and care coordinator verified that resident #1 had received assistance with grooming on [REDACTED]. On 7/1/2024, Resident review conducted by ED and care coordinators to identify residents who require assistance with ADL's (To include feeding and grooming) to ensure resident needs have been met through resident interviews & documentation review.

Beginning 7/1/2024, ED and department coordinators re-trained all staff on Abuse & Neglect recognition & prevention.

Beginning 7/1/2024, ED will conduct 5 private resident interviews per month to ensure resident needs are being met & Review of documentation weekly to ensure needs are being met.

Beginning 7/2024, for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at monthly quality management "QAPI" meeting to verify effectiveness

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 08/16/2024)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person D, who pronounced resident 2 deceased on [REDACTED] had no criminal background or license information in the file.

51 - Criminal Background Check (continued)

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On [REDACTED], Criminal background check for Staff Member D was obtained by employing hospice agency. On 7/2/2024, RCD audited all hospice provider binders to ensure all hospice providers had a background check in accordance with the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) Beginning 7/2024, RCD Will audit all hospice provider binders monthly for 2 quarters to ensure all hospice providers are compliant with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Beginning 7/2024, for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at monthly quality management "QAPI" meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 08/16/2024)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/17/24, during the physical site inspection of the home the smoke detector in room 325 was observed hanging by a wire and not attached to the ceiling.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On 6/17/2024, Area Facilities Manager immediately repaired hanging smoke detector and ensured it was secure to ceiling. On 6/17/2024 ED & Area Facilities Manager conducted a full walk of the community to ensure all furniture & equipment (to include smoke detectors) was in good repair, clean and free of hazards. On 7/1/2024, ED conducted training of maintenance staff on regulation 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards. Beginning 7/2024 and continuing for 6 months, Area Facilities Manager will conduct a monthly walk of the community to ensure all furniture and equipment (including smoke detectors) are in good repair, clean and free of hazards. Beginning 7/2024, for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at monthly quality management "QAPI" meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 08/16/2024)