

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

December 2, 2024

[REDACTED]
WELLTOWER OPCO GROUP LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

RE: SUNRISE OF PAOLI
324 LANCASTER AVENUE
MALVERN, PA, 19355
LICENSE/COC#: 14325

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024 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 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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Complaint, Incident* Exit Conference Date: *10/16/2024*

Inspection Dates and Department Representative

10/16/2024 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: *Memory Care Unit* Capacity: *25* Residents Served: *16*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *0*

Inspections / Reviews

10/16/2024 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *11/14/2024*

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/29/2024

12/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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 [REDACTED] interview on the day of the incident, the resident stated that [REDACTED] played bingo until four o'clock and then requested to be transported to [REDACTED] room to rest. Staff Member A escorted the resident upstairs and took the resident to the bathroom. Staff member A sat the resident to the toilet and told them you are not wet. The resident said that's not why you brought me here. Staff member A became very angry and grabbed resident [REDACTED] arm and began yelling and screaming. Staff member A took the resident back down to the common area. Resident [REDACTED] stated that their arm was bruised the day after the incident. Resident [REDACTED] complains that their shoulder still hurts from when the staff member pulled their arm. According to the progress notes, the resident was assessed on [REDACTED] from head to toe and had discoloration on the right arm from the lower forearm from below the elbow, extending to the mid-lower forearm. Resident [REDACTED] stated that they are afraid of retaliation; the resident fears the staff will return and harm them in some way.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

On 10/8/2024, Resident [REDACTED] was ensured to be safe and a full body skin assessment was completed by wellness nurse.

On 10/8/2024, Staff member A was placed on immediate administrative leave pending investigation outcome.

On 10/16/2024, Staff member A was terminated from employment with Sunrise Senior Living

On 10/8/2024, Wellness nurses performed checks on all residents that staff member A was assigned to care for during the week of 10/7/2024. On 10/8/2024, ED, PCC & RCD conducted interviews of residents assigned to staff member A to ensure no new marks or complaints were present.

Beginning 10/17/24, all community staff were re-trained in person on the following topics: Abuse & Neglect recognition & prevention & reporting, OAPSA.

Beginning 1/2025 and continuing for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at quarterly quality management "QAPI" meeting to verify effectiveness

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

Implemented [REDACTED] - 12/02/2024)

65f - Training Topics

2. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f Training Topics (continued)

Description of Violation

Direct care staff person A did not receive training in medication self administration training during training year 2023.

Plan of Correction

Accept [redacted] - 11/19/2024)

On 10/16/2024 staff member A was terminated from employment with Sunrise Senior Living.

On 10/17/2024, ED & BOC Audited all team member files for 65.F related training topics to ensure full community compliance.

Beginning on 10/17/2024, all team members were re trained in person by Department coordinators and ED to satisfy all 65.F training topics

Beginning 11/1/2024 & continuing monthly for 3 months, BOC will audit completion of 65.F trainings for all tenured & new team members to ensure compliance with evidence of annual training.

Beginning 1/2025 and continuing for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at quarterly quality management "QAPI" meeting to verify effectiveness

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ([redacted] - 12/02/2024)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] - 11/19/2024)

On 10/16/2024, ED & RCD confirmed that Resident A assessment was completed and locked on the date of the resident move in.

The community respectfully requests for this violation be withdrawn due to meeting regulation 225.A as the initial assessment was completed within 15 days of admission.

Beginning on 10/17/2024, RCD audited resident charts to ensure initial assessments were completed and locked within 15 days of resident move in.

Beginning 11/1/2024 & continuing for 3 months, RCD will conduct monthly audits all new resident initial assessments to ensure residents have a documented initial assessment are completed and locked within 15 days of admission as required by regulation 225.A

Beginning 1/2025 and continuing for 2 quarters the POC and monitoring results will be discussed & evaluated by ED & coordinators at quarterly quality management "QAPI" meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ([redacted] - 12/02/2024)

252 - Record Content

4. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include a face sheet with name, gender, admission date, birth date, and Social Security number. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks; a photograph of the resident that is no more than 2 years old; language or means of communication spoken or used by the resident; the name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency; the name, address, and telephone number of the resident's physician or source of health care; dietary restrictions; a list of allergies; and the most current version of the assessment and support plan or the resident's medical insurance information.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

On 10/16/2024, Face Sheet for Resident [REDACTED] was placed in the front of resident medical chart.

252 - Record Content (continued)

On 10/16/2024, RCD audited all resident medical charts to ensure full compliance with regulation 252. All face sheets were noted to be present in medical charts.

Beginning 11/1/2024 and continuing for 3 months, RCD will conduct monthly audits all resident medical charts to ensure total compliance with regulation 252 and that all face sheets are present in resident charts.

Beginning 1/2025 and continuing 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: 01/31/2025

Implemented [REDACTED] - 12/02/2024)