

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

March 3, 2026

[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 12/29/2025, 01/14/2026 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: *03/09/2026*  
 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: *PA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/29/2025*

**Inspection Dates and Department Representative**

12/29/2025 On Site: [REDACTED]  
 01/14/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *110* Residents Served: *67*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *15*

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *45* Have Physical Disability: *0*

**Inspections / Reviews**

12/29/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/19/2026*

Inspections / Reviews *(continued)*

02/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/03/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 9:45 am, staff person A saw resident [redacted] fall in the kitchen area of the Secure Dementia Care Unit. On [redacted] at approximately 8:55 am, staff person B found that the resident had pain and difficulty moving their right leg. Resident [redacted] was transported to the hospital, where the resident was diagnosed with a fractured right hip. The home did not report this incident to the department until [redacted] at 4:10 pm.

Plan of Correction

Accept [redacted] - 02/19/2026)

On 02/9/26, after receiving the inspection summary from Department of Human Services, Executive Director audited 2025/2026 reportable incidents. No concerns were noted.

On 02/10/26, Executive Director re-educated the coordinator team on regulation 2600.16(c), to ensure the community reports incidents or conditions to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours.

On 02/10/26, the Resident Care Director began retraining all team members on regulation 2600.16(c), to ensure the community reports incidents or conditions to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours.

On 2/24/26, at the monthly Town Hall, all team members were retrained on regulation 2600.16(c), stating that the home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the department. Abuse reporting shall also follow the guidelines in 2600.15 relating to abuse reporting covered by law).

On 2/9/26 and ongoing, this Plan of Correction will be discussed and reviewed by the ED and Coordinators at the Quality Management (QAPI) meeting on April 15th, 2026 to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented [redacted] - 03/03/2026)

42b Abuse

2. 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

Resident [redacted] who resides in the home's Secure Dementia Care Unit (SDCU), has several mental-health diagnoses, including [redacted], and [redacted]. On [redacted] at approximately 7:30 pm, resident [redacted] was sitting in their wheelchair and watching TV in the common area of the SDCU. Staff member C

**42b Abuse (continued)**

approached resident [REDACTED] from behind, reached around and covered the resident's eyes with both hands. Resident [REDACTED] was startled and screamed, "Help me! [the staff person] is going to take my eyes!" Staff member D saw staff person C push resident [REDACTED] in their wheelchair to a secluded area on the floor, near room [REDACTED]. Staff member D heard a loud scream but did not approach the area, to see who or why the loud scream occurred. Staff person C then returned Resident [REDACTED] to the common area in front of the TV again. Staff person D reported that resident [REDACTED] seemed visibly traumatized, and was repeatedly stating "Oh, god, help me, they're trying to take my eyes", upon returning to the common area/TV. Resident was described as continuing to be visibly anxious and scared after this incident, expressing fear to staff that their eyes would be removed or damaged. The resident reported to staff of the home and to the Department, that they continued to feel unsafe in the home more than two weeks later, believing themselves to be in danger of sexual assault and of having their eyes removed with an ice cream scoop by staff.

**Plan of Correction****Accept [REDACTED] - 02/19/2026)**

On 12/15/25, upon notification of the allegation of suspected abuse, Staff Person C was immediately placed on administrative leave, pending investigation.

On 12/15/25, Executive Director interviewed staff members to ensure no additional incidents of suspected abuse occurred and staff were educated to inform the Resident Care Director and/or Executive Director immediately of any incident which may be reportable to the Department of Human Services. No additional concerns were noted.

On 12/18/25, upon conclusion of the community's internal investigation, Staff Person C was terminated.

On 12/17/25, Resident Care Director and Executive Director initiated retraining and ensured all team members were educated on abuse and neglect prevention, to ensure understanding and compliance of regulation 2600.42(b), a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way, in accordance with the Other Adult Protective Services Act.

On 2/9/26 and ongoing, this Plan of Correction will be discussed and reviewed by the ED and Coordinators at the Quality Management (QAPI) meeting on April 15th, 2026 to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 02/24/2026

**Implemented [REDACTED] - 03/03/2026)**