

Department of Human Services  
Bureau of Human Service Licensing

May 19, 2021

[REDACTED] AUTHORIZED PERSON  
WELLTOWER OPCO GROUP LLC  
7902 WESTPARK DRIVE  
ATTN - MENERVA PHILSON  
MCLEAN, VA 22102

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 licensing inspections on 04/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** *SUNRISE OF PAOLI* **License #:** *14325* **License Expiration Date:** *12/15/2021*  
**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:** *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *C-2 LP* **Date:** *09/02/1998* **Issued By:** *COPA L&I*

**Staffing Hours**

**Resident Support Staff:** *0* **Total Daily Staff:** *78* **Waking Staff:** *59*

**Inspection**

**Type:** *Partial* **Notice:** *Unannounced* **BHA Docket #:**  
**Reason:** *Monitoring, Interim* **Exit Conference Date:** *04/08/2021*

**Inspection Dates and Department Representative**

*04/08/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *110* **Residents Served:** *48*

**Secured Dementia Care Unit**

**In Home:** *Yes* **Area:** *Reminiscence* **Capacity:** *25* **Residents Served:** *16*

**Hospice**

**Current Residents:** *-*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0* **Are 60 Years of Age or Older:** *48*  
**Diagnosed with Mental Illness:** *0* **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *30* **Have Physical Disability:** *0*

Inspections / Reviews

04/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2021*

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2021*

**65a - FS Orientation 1st Day****1. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

**Description of Violation**

*The following staff persons did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

- *Staff person A, whose first day of work was [REDACTED]*
- *Staff person B, whose first day of work was [REDACTED]*
- *Staff person C whose first day of work was [REDACTED]*
- *Staff person D, whose first day of work was [REDACTED]*

## 65a - FS Orientation 1st Day (continued)

**Plan of Correction****Accept**

Staff Member A has not worked in the community since [REDACTED]. Orientation in general fire safety and emergency preparedness (as per regulation 2600.65a) will be completed immediately upon their next shift worked. At this time, Staff Member A does not have any upcoming shift scheduled.

Staff Member B: Orientation in general fire safety and emergency preparedness was completed on their next working day in the community, [REDACTED].

Staff Member C: Orientation in general fire safety and emergency preparedness was completed on their next working day in the community, [REDACTED].

Staff Member D: Orientation in general fire safety and emergency preparedness was completed on their next working day in the community, [REDACTED].

The ED along with the RCC and the MC, manages the planning of agency staff persons Orientation in general fire safety and emergency preparedness to be provided prior to or during the first workday. When a new agency staff member arrives for their first day of work in the community, either the ED, the RCC or MC will conduct orientation immediately upon their arrival. In the event a new agency staff member arrives for a last-minute shift overnight, a Lead Care Manager will conduct the orientation immediately upon their arrival.

Lead Care Managers will be trained on conducting Agency Orientation as a backup to a Coordinator.

ED will discuss new agency team members daily with RCC and coordinate the plan for timely orientation, including assigning a coordinator or team member to conduct orientation at that time. ED will monitor agency compliance binder daily.

The POC monitoring will be reviewed and evaluated by the Executive Director, Resident Care Coordinator and Maintenance Coordinator through the Quality Assurance and Improvement Program monthly, for up to 3 months or until agency is no longer being utilized in the community.

**Completion Date:** 05/18/2021

## 65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**65b - Rights/Abuse 40 Hours (continued)****Description of Violation**

*The following staff persons did not complete training in the following topics on or before their 40th hour worked at the home: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.*

- *Staff person A, who completed their 40th scheduled work hour on or before [REDACTED]*
- *Staff person B, who completed their 40th scheduled work hour on or before [REDACTED]*
- *Staff person C who completed their 40th scheduled work hour on or before [REDACTED]*
- *Staff person D, who completed their 40th scheduled work hour on or before [REDACTED]*

## 65b - Rights/Abuse 40 Hours (continued)

**Plan of Correction****Accept**

Staff Member A has not worked in the community since [REDACTED]. Orientation which includes training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions (as per regulation 2600.65b) will be completed immediately upon their next shift worked. At this time, Staff Member A does not have any upcoming shift scheduled.

Staff Member B: Orientation which included training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions was completed on their next working day in the community, 4/16/21.

Staff Member C: Orientation which included training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions was completed on their next working day in the community, 4/21/21.

Staff Member D: Orientation which included training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions was completed on their next working day in the community, 4/14/21.

he ED along with the RCC and the MC, manages the planning of agency staff persons Orientation which includes training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions, to be provided on or before their 40th hour worked. When a new agency staff member arrives for their first day of work in the community, either the ED, the RCC or MC will conduct orientation immediately upon their arrival. In the event a new agency staff member arrives for a last minute shift overnight, a Lead Care Manager will conduct the orientation immediately upon their arrival.

Lead Care Managers will be trained on conducting Agency Orientation as a backup to a Coordinator.

ED will discuss new agency team members daily with RCC and coordinate the plan for timely orientation, including assigning a coordinator or team member to conduct orientation at that time. ED will monitor agency compliance binder daily.

he POC monitoring will be reviewed and evaluated by the Executive Director, Resident Care Coordinator and Maintenance Coordinator through the Quality Assurance and Improvement Program monthly, for up to 3 months or until agency is no longer being utilized in the community.

**Completion Date** 05/18/2021