



**Sent via e-mail [exton.ed@sunriseseniorliving.com](mailto:exton.ed@sunriseseniorliving.com)  
September 16, 2020**

Mr. Christian N. Cummings  
President  
AL One PA Investments Opco, LLC  
500 North Hurstbourne Parkway  
Suite 200  
Louisville, Kentucky 40222

RE: Sunrise Senior Living of Exton  
200 Sunrise Boulevard  
Exton, Pennsylvania 19341  
License #: 144890

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5 and 6, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *Sunrise of Exton*

License Number: 14489

Address: 200 Sunrise boulevard, Exton, Pa 19341

County: Chester

Region: SOUTHEAST

## Administrator

Name: *Kelle Silhan*

Phone: 610-594-0455

Email: *exton.ed@sunriseseniorliving.com*

## Legal Entity

Name: *AL ONE PA INVESTMENTS OPCO LLC*

Address: 500 N. Hurstbourne Parkway, Suite 200, Louisville, KY, 40222

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: 11/15/1999

Issued By: *Dpt. L&I*

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 103

Waking Staff: 77

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, New*

## Inspection Dates and Department Representative

03/05/2020 - On-Site: *David Carrion*

03/06/2020 - On-Site: *David Carrion*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 106

Residents Served: 67

### Secured Dementia Care Unit

In Home: Yes

Area: *Reminiscence*

Capacity: 39

Residents Served: 26

### Hospice

Current Residents: 16

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 36

Have Physical Disability: 0

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 01/31/2020, there were 67 residents in the home, including 36 residents with mobility needs, requiring a total minimum of 103 hours of direct care service. On this date, only 76.5 hours of direct care staffing was provided.

On 02/03/2020 and 02/20/2020, there were 67 residents in the home, including 36 residents with mobility needs, requiring a total minimum of 103 hours of direct care service. On this date, only 99 hours of direct care staffing was provided.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Kellie Sillman*  
Signature

*Kellie Sillman Executive*  
Printed Name and Title *Director*

*4/3/2020*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/1/2020  
(Date)

Plan of correction implementation status as of 9/1/2020  
(Date)

Implemented  
 Not Implemented

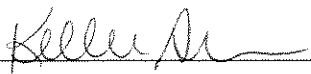
The above plan of correction was approved by slw  
(Initials)

## Sunrise Senior Living Plan of Correction

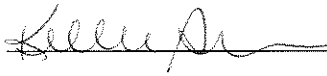
**Name of Personal Care Home:** Sunrise Senior Living of Exton  
**Address of PCH:** 200 Sunrise Blvd Exton, PA 19341  
**License number:** 10695  
**Inspection date(s):** 3/5/20 & 3/6/20  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Kellee Silhan, Executive Director

**Signature of Sunrise Representative:**   
**Date of Submission:** 6/19/20

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.57.c	3/5/2020- 3/6/2020	<p>The Executive Director conducted a review of the census for 1/31/20, 2/3/20 and 2/20/20 by using the Daily Census Report and staffing hours were calculated. On 1/31/2020 there were 154 total hours and 41 waking hours. 66 total residents in the community, 42 with mobility needs, requiring a total minimum of 108 hours to direct care service. On 2/3/2020 there were 140 total hours and 33.5 waking hours with 67 residents in the community, 42 with mobility needs, requiring a total minimum of 109 hours of direct care service. On 2/20/2020 there were 145.48 total hours and 34 waking hours with 63 residents in the community, 38 with mobility needs, requiring a total minimum of 101 hours of direct care services.</p>
	3/5/2020 and on going	<p>Based off the delivery and documentation of care, we forecast care hours to calculate and schedule staff. The Personal Care Coordinator, the Reminiscence Coordinator and the Executive Director review staffing requirements to verify and balance care workload to ensure workload is distributed evenly across care staff. Staff requirements are evaluated and updated weekly based on recent documented care history.</p> <p>The Executive Director also calculates and determines the minimum # hours that must be provided per day of personal care services to each resident based on regulatory requirements for mobile, immobile and additional resident needs. The staffing schedule is then reviewed to verify the correct # of staff persons have been scheduled to meet the needs of the residents.</p>
	3/5/2020 and on going	<p>Review the Daily Census Report for daily fluctuations in census and adjust staffing hours based off of mobility need. Staffing hours will be reviewed by the Executive Director, Personal Care Coordinator/Reminiscence Coordinator.</p>

**Signature of Sunrise Representative:**   
**Date of Submission:** 6/19/20

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
	<p>6/17/2020 and ongoing</p> <p>Immediate Amendment</p>	<p>The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p> <p>The ED will review the staff schedule, at least, two weeks in advance to ensure there are sufficient staff to assist the residents in their care needs. The Ed will calculate the number of direct care staff hours needed and add any hours performed for ancillary duties to ensure the staffing hours meet this regulation requirement while the home is using the Universal Staffing method, starting immediately.</p> <p>SLW 9/15/2020</p>

Signature of Sunrise Representative:   
Date of Submission: 6/19/20

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 01/31/20, 02/03/20 and 02/20/20, 67 residents were present in the home, some of these residents are prescribed PRN's medication as required by his/her medical assessment and support plan. According to staff's schedule, these services could not be provided due to lack of available Med Techs and LPN's on the 11 pm to 7 am shift.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Kellee Silhan*  
Signature

*Kellee Silhan Executive Director*  
Printed Name and Title

*4/3/2020*  
Date

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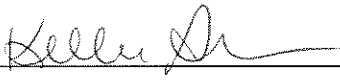
The above plan of correction is approved as of 9/15/2020  
(Date)

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(Date)

The above plan of correction was approved by slw  
(Initials)

Implemented  
 Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.60.a	<p>3/5/2020- 3/6/2020</p> <p>1/31/2020 – and on going</p> <p>3/5/2020 and on going</p> <p>3/5/2020 and on going</p> <p>6/17/2020 and ongoing</p> <p>IMMEDIATE AMENDMENT</p>	<p>The Executive Director and the Resident Care Coordinator reviewed the staff schedule for 1/31/2020, 2/3/2020 and 2/20/2020 to verify medication care managers were scheduled for the 11p-7am. It was determined that on 1/31/2020 there was one (1) Medication Care managers assigned on the overnight 11p-7am shift, totaling 8 hours. EMAR was reviewed and all prescribed/PRN medication were administered per the residents' medical assessment/support plan. On 2/3/2020 there were two (2) Medication Care Managers assigned on the overnight 11p-7am shift, totaling 14 hours. EMAR was reviewed and all prescribed/PRN medication were administered per the residents' medical assessment/support plan. On 2/20/2020 there was one (1) Medication Care Manager assigned on the overnight 11p-7am shift, totaling 8 hours. All prescribed/PRN medication were administered per resident's medical assessment/support plan.</p> <p>Community has and will continue to staff a minimum of 1 certified medication lead care manager on the 11pm – 7 a.m. shift so all residents can receive any prescribed and PRN medications.</p> <p>Certified Medication Care Managers 11p-7am administer all prescribed/PRN medication as per the residents' medical assessment/support plan. Certified Medication Care Managers will have completed the DHS Medication Certification.</p> <p>Daily staffing hours will be reviewed by the Executive Director, Personal Care Coordinator/Reminiscence Coordinator and/or Resident Care Director for to verify there is sufficient coverage for the 11pm-7am shift.</p> <p>The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p> <p>The ED will review the staff schedule two weeks in advance of implementation to ensure staff are available to perform medication administration, starting immediately. Documentation of staff schedules identifying medication administration or nursing staff scheduled is available for review at all times.</p> <p>SLW 9/15/2020</p>

Signature of Sunrise Representative:   
Date of Submission: 6/19/20