



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

August 10, 2022

[REDACTED]
[REDACTED]
AL One Pa Investment OPCO, LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Sunrise of Westtown
1045 Wilmington Pike
West Chester, Pennsylvania 19382
License #: 14494

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 14, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: SUNRISE OF WESTTOWN **License #:** 14494 **License Expiration Date:** 01/01/2021
Address: 1045 WILMINGTON PIKE, WEST CHESTER, PA 19382
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: AL ONE PA INVESTMENTS OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** N/A

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 103 **Waking Staff:** 77

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 10/14/2020

Inspection Dates and Department Representative

10/14/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** 1st fl. Reminiscence **Capacity:** 25 **Residents Served:** 20

Hospice

Current Resident: NM

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 1

Inspections / Reviews

10/14/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *10/30/2020*

4/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/19/2021*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged on [REDACTED]/20. The home did not provide the refund until [REDACTED]20.

Resident #2 was discharged on [REDACTED]/20. The home did not provide the refund until [REDACTED]/20.

Resident #3 was discharged on [REDACTED]/20. The home did not provide the refund until [REDACTED]/20.

Plan of Correction

Accept

Upon exit with DHS Licensing Rep, Business Office Coordinator, reviewed resident files, and refunds were issued to the above residents.

ED/BOC reviewed list of recent move outs to ensure that all required refunds were issued and paid.

Community to continue to complete move out form at the time of move out, submit form to the business office coordinator and move outs to be processed timely to initiate refund.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 05/30/2021

Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED]2020, Resident #4's bathroom had a strong urine smell.

Plan of Correction

Accept

Upon exit Maintenance Coordinator and Housekeeper completed cleaning of resident suite.

Resident suite continues to be cleaned on weekly basis or as needed.

Staff persons have access to TELS system to inform Maintenance and Housekeeping of any items as it related to suite cleanliness.

ED/MC complete regular walk throughs of community and suites to ensure cleanliness.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 05/30/2021

Implemented

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident #5's apartment.

Plan of Correction

Accept

Upon exit emergency phone numbers placed on resident #5's telephone.

Department Coordinators completed walkthrough of community common areas and suites to ensure that all personal phones and Sunrise phones had required telephone numbers posted on phones.

ED to review with all care team at scheduled town hall to ensure team is aware of regulation, and is able to notify the designated department coordinator if a new resident has a phone or a phone is observed without emergency numbers present.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 05/30/2021

Implemented

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the bistro did not include a breathing shield or thermometer.

Plan of Correction

Accept

Following DHS exit all First Aid kits were reviewed and refilled with required items.

Team members to be trained on location of first aid kits as well as required contents of first aid kits. As a first aid kit is used, TM to notify department coordinator so that items can be replenished.

Resident Care Director to review all first aid kits monthly to ensure that all required items are in place.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 05/30/2021

Implemented

123b - Emergency Procedures Posted

1. Requirements

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

123b - Emergency Procedures Posted (continued)

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Immediately upon DHS exit, Emergency Procedures posted within the community in a conspicuous public place. On 4/13/2021, ED reviewed emergency procedure posting with Department Coordinators, to ensure all are aware of location of posting. During routine ED and MC walkthrough of community ED and MC will ensure that emergency procedures posting is in place. The POC including monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 04/14/2021

Implemented

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 10/12/20 was not posted.

Plan of Correction

Accept

Upon DHS exit, menu was put into place. ED reviewed menu guidelines with dietary team to ensure team is aware of requirement regarding menu. Dining service coordinator to review menu board weekly to ensure that menu is in place and current. The POC including monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 05/30/2021

Implemented

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

221c - Post Activity Calendar (*continued*)**Plan of Correction****Accept**

During time of inspection, community was not conducting group activities due to COVID 19 restrictions and did not have current in suite activity calendar posted.

Monthly activities was put into place, and posted within the community. New AVC trained regarding calendar requirements and regulatory need to post a current activities calendar within the community.

ED to monitor on routine walkthrough of community to ensure that calendar is in place and current.

The POC including monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 04/30/2021

Implemented

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #6 did not sign their most recent support plan. The home did not document that resident #6 was unable to sign or refused to sign the plan.

Plan of Correction**Accept**

Community completed audit of resident support plans to review signatures of residents.

Executive Director reviewed regulation with Resident Care Coordinator as well as Resident Care Director.

RCC to review signatures for completion monthly and review at monthly QAPI meeting.

Completion Date: 04/30/2021

Implemented

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the patio exit door or the patio gate leading to the street on the Secure Dementia Care Unit (SDCU).

Plan of Correction**Accept**

The POC including monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the QAPI meeting to ensure it is still effective. If not effective it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 04/30/2021

Implemented