

Department of Human Services
Bureau of Human Service Licensing

September 17, 2021

[REDACTED]
AL ONE PA INVESTMENTS OPCO LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF WESTTOWN
1045 WILMINGTON PIKE
WEST CHESTER, PA, 19382
LICENSE/COC#: 14494

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2021, 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC**

Facility Information

Name: *SUNRISE OF WESTTOWN* License #: *14494* License Expiration Date: *01/01/2022*
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: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *102* Waking Staff: *77*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/20/2021*

Inspection Dates and Department Representative

07/19/2021 - On-Site: [REDACTED]
07/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *62*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *25* Residents Served: *15*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

07/19/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2021*

Inspections / Reviews *(continued)*

8/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/16/2021*

9/17/2021 - Document Submission

Lead 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]/21, Resident #1, did not receive Oxycodone prescribed at [redacted] am. The home did not report this incident to the department until [redacted]/21.

On [redacted] 21, the home conducted an investigation into missing medications and found 46 Oxycodone pills were stolen. The home reported the theft to the police but did not report this incident to the department.

Plan of Correction

Accept

The incident report for Resident #1 was submitted to the Department on [redacted]/21 and contained information regarding the involvement of law enforcement in the community.

On 7/30/21, the Director of Operations provided education and training to the Executive Director (ED), Resident Care Director (RCD), Wellness Nurse, Personal Care Coordinator (PCC), and Reminiscence Coordinator (RC) on reporting incidents within the required time frame.

The ED provided education and training to all staff persons on reporting incidents within the required time frame during the monthly Town Hall Meeting.

The ED and/or designee verify during daily stand-up meeting that all reportable incidents were reported or are scheduled to be reported to the Department of Human Services within the 24-hour required timeframe.

During the monthly quality management meeting (Quality Assurance and Performance Improvement/QAPI) the ED and Coordinators will review the incident and reporting trends to determine if the plan of correction (POC) 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: 08/03/2021

Document Submission

Implemented

ED with assistance of Care Coordinators provided education and training to all staff during town halls held on 7/15/21 and 8/19/21

Quality meetings were held on 8/18/21 and 9/15/21 all areas were reviewed with Coordinating team and the current POC is considered effective

57c - 2 Hours/Day

1. Requirements

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 7/2/21, there were 62 residents in the home, including 40 residents with mobility needs, requiring a total minimum of 102 hours of direct care service. On this date, only 91.5 hours of direct care staffing was provided.

57c - 2 Hours/Day (continued)

Plan of Correction

Accept

We respectfully request that this violation be withdrawn. On 7/2/2021 there were 62 residents at the community, including 40 with mobility needs. According to the regulations we are required to provide 102 hours of direct care service. A review of the employee time and attendance tracking system shows that we provided 109.43 hours of direct care service. (See attached employee time and attendance tracking system logs.)

The ED reviewed the current staffing schedule and the list of resident's mobility status to verify that sufficient direct care staff have been scheduled to provide the correct # of hours of direct care service.

The ED reviewed how to determine the minimum number of required hours with the RCD, the PCC, and the RC. Residents are assessed upon move in, change of condition and every six months thereafter to determine level of care and mobility needs. The RCD creates a list of the residents and their existing mobility needs. This will dictate the minimum number of direct care service hours that need to be provided and scheduled. This information is shared with the PCC and the RC to assist with scheduling the correct number of direct cares staff (team members).

The ED reviews the schedule prior to it being posted to verify the minimum number of required hours are being met. During the monthly QAPI the ED and Coordinators will review any scheduling trends to determine if the plan of correction (POC) 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: 07/30/2021

Document Submission

Implemented

Quality meetings were held on 8/18/21 and 9/15/21 scheduling trends were reviewed and POC is still found to be effective.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/2/21, a total of 102 hours of direct care was required. However, only 69 hours of the 76.5 required hours, were provided during waking hours.

57d - Waking Hours (continued)

Plan of Correction

Accept

We respectfully request that this violation be withdrawn. On 7/2/2021 there were 62 residents at the community, including 40 with mobility needs. According to the regulations we are required to provide 102 hours of direct care service and at least 75% of the personal care service hours shall be available during waking hours, 76.5 hours. Our waking hours are from 7:00am to 11:00pm. A review of the employee time and attendance tracking system shows that we provided 109.43 hours of direct care service and 81.43 of those hours we provided during waking hours. (See attached employee time and attendance tracking system logs.)

The ED reviewed the current staffing schedule and the list of resident's mobility status to verify that sufficient direct care staff have been scheduled to provide the correct # of hours of direct care service during waking hours.

The ED reviewed how to determine the minimum number of required hours with the RCD, the PCC, and the RC. Residents are assessed upon move in, change of condition and every six months thereafter to determine level of care and mobility needs. The RCD creates a list of the residents and their existing mobility needs. This will dictate the minimum number of direct care service hours that need to be provided and scheduled. This information is shared with the PCC and the RC to assist with scheduling the correct number of direct cares staff (team members).

The ED reviews the schedule prior to it being posted to verify the minimum number of required hours are being met, including verification that at least 75% of the personal care service hours are during waking hours.

During the monthly QAPI the ED and Coordinators will review any scheduling trends to determine if the plan of correction (POC) 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: 07/30/2021

Document Submission

Implemented

Staffing hours are being monitored daily through the on shift system to confirm required staffing needs are being met. Review of the staffing hours during the Westtown annual audit on 9/8/21 were found to meet staffing requirements. Quality meetings were held on 8/18/21 and 9/15/21 and POC is still considered effective. Quality team will again meet on 10/20/21 to do a final review of POC

60a - Staff/Support Plan

1. Requirements

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 7/2/21 and 7/3/21 during the 11pm -7am shift there was no one in the building available or fully trained to administer medications. Residents #1, #2 and #3 are prescribed medications on a PRN basis that could not be administered due to the lack of staff available or trained.

60a - Staff/Support Plan (continued)

Plan of Correction

Accept

Residents #1, #2 and #3 did not request the use of PRN medication on 7/2/2021 and 7/3/2021 and did not suffer any adverse effects.

The RCD reviewed the current schedule and has verified there is a qualified staff person that can administer medications on the 11pm to 7am shift.

The ED reviewed with the RCD, the PCC, and the RC the scheduling requirements for meeting the needs of residents when prescribed medication needs to be administered during the overnight shift.

The ED reviews the schedule prior to it being posted to verify there is a qualified staff person that can administer medications on the 11pm to 7am shift.

During the monthly QAPI the ED and Coordinators will review any scheduling trends to determine if the plan of correction (POC) 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: 07/30/2021

Document Submission

Implemented

The ED reviewed with the RCD, the PCC and the RC scheduling requirements. Which are being reviewed on a daily basis and monitored by all parties involved. [REDACTED] nursing has been contracted to support when and if the need for outside support is necessary. These discussion have taken place in an initial interdisciplinary meeting as well as discussed at the last two Quality control meetings 8/18/21 and 9/15/21. The final review will take place at the October Quality meeting on 10/20/21

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/2/21 and 7/10/21 on the 11pm-7am shift, 62 residents were present in the home. During this time only one staff person was present in the home who is trained in First Aid/CPR and certified in CPR..

Plan of Correction

Accept

The ED reviewed the current staffing for all shifts to ensure at least two staff persons were CPR/First Aid certified. The ED provided training and education to the PCC, the RC, and the RCD regarding the requirement to have one CPR/First Aid certified staff person for every fifty residents.

A CPR/First Aid training is scheduled.

The ED or designee to review staffing at daily stand-up meeting to ensure requirement is met based on daily census. During the monthly QAPI the ED and Coordinators will review any scheduling trends to determine if the plan of correction (POC) 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: 07/30/2021

63a - First Aid/CPR Training (continued)

Document Submission

Implemented

ED reviewed the current staffing and the requirements for appropriate staffing with the PCC, the RC and the RCD at an interdisciplinary meeting held on 8/5 and 8/9. Staffing requirements are discussed at the daily staff meeting and these areas were reviewed at the quality meetings held on 8/18/21 and 9/15/21. The areas will be reviewed again during the quality meeting held on 10/20/21.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident beds 117b and 121a and b do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

The ED and the Maintenance Coordinator (MC) placed a push light on the wall by the resident beds in 117B, 121A, and 121B.

The ED and the MC completed a room check on all resident rooms to ensure that each resident had an operable source of lighting at their bedside.

The ED conducted a training at the Town Hall Meeting with all staff members to inform them of the requirement to have a light source is at bedside and how to report if they identify a missing light source.

Monthly, the MC or designee completes a room check on all resident bedrooms to verify that each resident has an operable source of lighting at their bedside.

During the monthly QAPI the ED and Coordinators will review any missing source of lighting trends to determine if the plan of correction (POC) 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: 07/20/2021

Document Submission

Implemented

The ED along with the MC and Care Coordinators continue to monitor rooms weekly as well as the care managers providing daily audits of the resident rooms. Westtown annual audit on 9/8 showed no deficiencies with bed lighting requirements. Town Hall meeting with staff was conducted on 7/15/21 and 8/19/21. Quality team meeting was held on 8/18/21 and 9/15/21 and POC is still effective. A final review of the plan will take place at the Quality meeting scheduled on 10/20/21

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident 4's most recent medical evaluation was completed on [REDACTED]/21. The resident's previous medical evaluation was completed on [REDACTED]/20.

Resident #5's most recent medical evaluation was completed on [REDACTED] 20. On [REDACTED]/21 the medical evaluation was not completed or available in the residents record.

Plan of Correction

Accept

Resident #4's medical evaluation was completed on [REDACTED]/21.

The RCD contacted the physician for Resident #5, and a medical evaluation was scheduled.

The RCD or designee completed an audit of all resident medical files to ensure all residents had documentation of a medical evaluation annually.

The ED or designee reviews residents who are due for their medical evaluation during the daily stand-up meeting.

The RCD or designee working with the resident and/or responsible party to get the medical evaluations scheduled through the residents preferred physician.

Upon completion of a medical evaluation the RCD reviewed the form to verify it has all required content and was completed timely.

During the monthly QAPI the ED and Coordinators will review any DME completion trends to determine if the plan of correction (POC) 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: 08/04/2021

Document Submission

Implemented

Quality meetings were held on 8/18/21 and 9/15/21 the Coordinating team believe the POC is effective and will review on more time on 10/20/21 at the next Quality meeting.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Oxycodone. However, this medication was not administered to resident #1 on [REDACTED]/21 because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

The RCD notified the physician of the missed dose of medication for Resident #1. The resident had been assessed and was not displaying any adverse effects from not receiving the medication.

The ED submitted an incident report to the Department on 7/8/21.

The RCD provided training and education for medication care managers on procedure of counting narcotics and transitioning from one medication care manager to another at each shift.

The RCD or designee scheduled training and education for medication care managers on procedure of reordering medications.

The medication carts are audited on a weekly and monthly basis by the medication care managers and Wellness Nurse to verify that all prescribed medications are available for administration.

During the monthly QAPI the ED and Coordinators will review any audits to determine if the plan of correction (POC) 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: 08/03/2021

Document Submission**Implemented**

Quality team meetings were held on 8/18/21 and 9/15/21 and POC is still effective. During the annual DHS audit on 9/8/21 no deficiencies were found during the med cart/med tech audit

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Three home's medication administration training record for staff person A does not include all of the required training documents. It could not be determined if this staff completed the training and administered medications on 7/1, 7/2, 7/4, 7/5/21.

Plan of Correction**Accept**

Staff Member A is no longer employed at the community.

The ED in coordination with the RCD reviewed all medication care manager files to ensure that all medication care managers had the approved medication administration course training records.

The ED provided training to the RCD regarding requirements for all medication care managers to have required training records.

Annually, the RCD will review all medication care manager files to ensure that initial and annual training has been completed.

During the monthly QAPI the ED and Coordinators will review any audits to determine if the plan of correction (POC) 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: 08/04/2021

190c - Record of Training *(continued)***Document Submission****Implemented**

Interdisciplinary meeting was held on 8/5/21 and 8/9/21 with the RCD. Quality meetings were held on 8/18/21 and 9/15/21 which found the POC to be effective. Quality team will meet again on 10/20/21 to do a final review of the POC.

252 - Record Content

1. Requirements

2600.

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

Description of Violation

Resident #6's record does not include the actual discharge destination.

Plan of Correction**Accept**

The RCD placed a note in Resident #6's record which states the discharge destination.

The RCD completed an audit of all residents who have moved out of the facility within the past year to verify that a discharge destination is included in each resident's record.

The Regional Director of Resident Care provided training to the RCD and the Wellness Nurses regarding the need for a discharge destination in each residents' record when they are discharged from the facility.

The ED or designee review the resident records for all residents who have been discharged within the last 7 days at the facility's weekly interdisciplinary meeting to ensure a progress note with the discharge destination is in place.

During the monthly QAPI the ED and Coordinators will review any audits to determine if the plan of correction (POC) 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: 07/19/2021

Document Submission**Implemented**

Quality meetings were held on 8/18/21 and 9/15/21 and POC was determined to be effective. All residents files have been reviewed and updated for accuracy.