

Department of Human Services
Bureau of Human Service Licensing

August 25, 2021

██████████ ADMINISTRATOR
AL ONE PA INVESTMENTS OPCO LLC
500 N HURSTBOURNE PKWY,STE 200
LOUISVILLE, KY 40222

RE: SUNRISE OF EXTON
200 SUNRISE BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14489

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2021, 07/22/2021, 07/23/2021, 08/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

August 24, 2021

██████████ ADMINISTRATOR
AL ONE PA INVESTMENTS OPCO LLC
500 N HURSTBOURNE PKWY,STE 200
LOUISVILLE, KY 40222

RE: SUNRISE OF EXTON
200 SUNRISE BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14489

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/21/2021, 07/22/2021, 07/23/2021, 08/02/2021 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,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

07/21/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

8/24/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2021*

8/25/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/17/21, an anonymous tip regarding alleged abuse was left with the Sunrise's Ethics Hotline. The tip was then submitted to the Administrator of the home on 7/17/21 at 7:50pm. The administrator became aware of the alleged abuse on 7/18/21 via the email from the ethics hotline. However, this allegation of abuse was not reported to the department until 7/19/21 at 3:00pm, it was not reported to the local law enforcement until 7/19/21 at 5:00pm, and it was not reported to the local area agency on aging until 7/19/21 at 7:00pm.

Plan of Correction

Accept

7/20/21: The Executive Director received retraining from the Regional Director of Resident Care, on regulations regarding state reporting, as well as the Abuse, Neglect, Exploitation policy.

7/20/21: The Executive Director provided education for the team members in the community on Abuse, Neglect and Exploitation: Prevention, Reporting and Investigation. All suspected abuse, neglect and/or exploitation will be reported to DHS immediately.

7/21/21: The Executive Director will continue to monitor any allegations and report and investigate promptly. The Executive Director or designee will review any allegations during the daily interdisciplinary team meeting to ensure proper reporting has been completed and the investigatory process has been initiated.

8/20/21 & ongoing: 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.

Completion Date: 08/20/2021

Document Submission

Implemented

Attached Document

231c - Preadmission Screening

1. Requirements

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, a written cognitive preadmission screening was not completed.

231c - Preadmission Screening (continued)

Plan of Correction

Accept

7/21/21: The Resident Care Director updated the cognitive preadmission screening for resident 1.

7/21/21: Resident Care Director received training from onsite inspector, regarding specific document needed for an internal move from Personal Care to Memory Care in regard to the cognitive preadmission screening.

7/22/21: The Resident Care Director audited all cognitive preadmission screenings to verify each resident had on at time of move into the neighborhood and found all screenings complete and will continue to document cognitive preadmission screenings appropriately.

7/22/21: Resident Care Director or designee will monitor to make sure cognitive screenings are completed prior to a resident moving into our Reminiscence neighborhood.

8/20/21 & Ongoing: 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.

Completion Date: 08/20/2021

Document Submission

Implemented

Attached Document