

Department of Human Services  
Bureau of Human Service Licensing

September 7, 2021

██████████ ED  
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 08/25/2021, 08/26/2021, 08/27/2021, 08/31/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Claire Mendez

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 EXTON* License #: *14489* License Expiration Date: *01/01/2022*  
 Address: *200 SUNRISE BOULEVARD, EXTON, PA 19341*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6105940455* Email: [REDACTED]

**Legal Entity**

Name: *AL ONE PA INVESTMENTS OPCO LLC*  
 Address: *500 N HURSTBOURNE PKWY, STE 200, LOUISVILLE, KY, 40222*  
 Phone: *6105940455* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *87* Waking Staff: *65*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/31/2021*

**Inspection Dates and Department Representative**

08/25/2021 - Off-Site: [REDACTED]  
 08/26/2021 - Off-Site: [REDACTED]  
 08/27/2021 - Off-Site: [REDACTED]  
 08/31/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *106* Residents Served: *62*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *39* Residents Served: *23*

**Hospice**

Current Residents: *x*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Year of Age or Older: *0*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

08/25/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *Not Required*

No Deficiencies Identified