

Department of Human Services
Bureau of Human Service Licensing

June 13, 2022

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
[REDACTED]
[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 02/10/2022 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: *01/01/2023*
Address: *1045 WILMINGTON PIKE, WEST CHESTER, PA 19382*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/10/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/10/2022*

Inspection Dates and Department Representative

02/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *14*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *2*

Inspections / Reviews

02/10/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2022*

03/08/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/29/2022*

06/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check for direct care staff A, date of hire [REDACTED], was not requested until [REDACTED]

Plan of Correction

Accept

We respectfully request this regulation be withdrawn. On August 8,2021, Sunrise of Westtown submitted a POC for the same background check violation from a survey completed by DHS on March 30, 2021. Please see the below accepted POC.

4/4/2021 The ED obtained the criminal background check for staff member A. The Business Office Coordinator (BOC) position was in transition at the time of staff member A’s hire.

4/28/2021 During the onboarding process for the new BOC, training was provided on the requirement of criminal background checks for all staff members.

7/7/2021 The ED and the BOC completed an audit of staff member criminal background checks and identified no further issues.

The BOC or designee will verify a criminal background check is obtained for staff member at time of hire and a copy filed in each staff persons personnel record.

7/7/2021 The BOC or designee audits staff member records upon hire to confirm that a criminal background check has been obtained.

8/18/2021 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the 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.

51 - Criminal Background Check (continued)

Completion Date: 03/07/2022

Document Submission

Implemented

Request for removal of citation was approved, due to previous citation

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A Colgate toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away," was unlocked, unattended, and accessible in resident room #115 bathroom, shared by two residents. Not all the residents of the home, including these two residents, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

2/10/2022 The Reminiscence Coordinator (RC) immediately removed the toothpaste from room #115 and placed in secured area.

2/10/2022 The RC and the Lead Care Manager (LCM) inspected all resident rooms to confirm there were no other unsecured poisonous materials.

2/11/2022 The RC met with team members and reviewed the incident. The LCMs for all shifts were notified of the incident and reminded to monitor rooms for unsecured personal care items which are considered poisonous.

82c - Locking Poisonous Materials (continued)

2/24/2022 The ED discussed the violation at monthly care team meeting and reiterated the importance of monitoring resident rooms for "Poisonous materials" which include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed" for those residents who are assessed not capable of recognizing and using potential poisonous items safely.

2/24/2022 Monthly audits will take place over the next three months, conducted by the Coordinator staff. to ensure care team are ongoing following guidance and locking up all potential hazardous personal products. 3 months

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If not ongoing effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does 3 months not occur again.

Completion Date: 05/31/2022

Document Submission Implemented

Please see attached Town Hall meetings agenda with staff review of all citations to include "poisonous materials" Final review will take place at Qapi on 5/31/22

Attached please find the three month room checks

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/10/2022 at 03:00 PM, there was an unlabeled pink shower puff and grey washcloth hanging in the shower stall in resident room #115 bathroom, which is shared by two residents.

Plan of Correction Accept

2/10/22 The RC immediately removed both the pink shower puff and grey washcloth, and both were labeled. In addition, the shelves in the shower have also been labeled.

2/11/22 The RC met with team members and reviewed violation. The LCM's for all shifts were notified and reminded of the importance of labeling personal care items for all residents.

2/24/22 The ED discussed the violation at monthly care team meeting and the importance that all items for residents should be clearly marked to ensure not only safety but the residents right to have personal items not shared with other residents. The ED also discussed the importance and requirement of LCM's to monitor and spot check personal items on an ongoing basis.

2/24/22 RC and ED will conduct periodic checks of all shared rooms to confirm all personal times are clearly identified and in ongoing for designated personal cabinets and / or drawer space. 3 months

85a - Sanitary Conditions (continued)

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review the POC determine if it is still effective. If not ongoing for effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation do 3 months not occur again.

Completion Date: 05/31/2022

Document Submission Implemented

Pink Shower puff and wash cloth was removed. Items in shared rooms were inspected to ensure all personal items and storage spaces were individually labled.

89b - Hot Water Temperature

1. Requirements

2600. 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 02/10/2022 at 3:00 PM, the hot water temperature at the bathroom sink in resident room #214 measured 123.4 degrees Fahrenheit.

Plan of Correction Accept

2/10/2022 The Maintenance Coordinator (MC) lowered the overall building water temperature to 120 degrees. The MC re-checked the water temperature at the bathroom sink in resident room #214 to verify hot water temperature accessible to the resident did not exceed 120°F.

2/11/2022 The MC conducted an audit of resident rooms and tested the hot water temperature at the bathroom sinks to verify hot water temperature accessible to the resident did not exceed 120°F.

2/11/2022 The ED discussed the temperature concern with the MC.

2/11/2022 The MC completes water temperature checks at random locations on a weekly basis.

2//24/2022 During the monthly Qapi meeting the ED and Coordinators will review the POC to determine if it is still effective. If not ongoing for effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation 3 months does not occur again.

Completion Date: 05/31/2022

Document Submission Implemented

Please see attached random location temperature inspections completed by MC

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

The home's emergency telephone numbers attached to each landline do not include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline.

Plan of Correction

Accept

2/11/2022 The MC updated all emergency telephone numbers of information cards to include, the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline.

2/14/2022 The Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) placed all new information cards on all telephones with an outside line.

2/15/2022 During the morning stand-up meeting the ED and coordinators reviewed the violation for emergency telephone number and requirements to confirm all notification cards have been changed out.

2/25/2022 The ED will randomly audit emergency numbers monthly for up to 3 months to verify information is up to date and in **ongoing** place **for 3 months**

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If **ongoing** not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the for **3 months** violations does not occur again.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached updated phone listings which are placed next to all phone lines in the Westtown community.

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 does not include a breathing shield.

Plan of Correction

Accept

2/11/2022 The Resident Care Director (RCD) replaced the misplaced breathing shield in Bistro first aid kit.

2/11/2022 During morning stand up meeting the ED and the coordinators reviewed the violation. The RCD will monitor the first aid kits to make sure all items are readily available at all times. Making sure team members have access to all necessary safe items at all times at all times.

96a - First Aid Kit (continued)

2/15/2022 The MC and Wellness team will conduct ongoing random audits of all **ongoing** first aid kits.

2/15/2022 During the monthly QAPI meeting the ED and Coordinators reviewed ongoing audit to determine if the POC will be effective. If not effective, it will be 3 months amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again

Completion Date: 05/31/2022

Document Submission **Implemented**

The RCD replaced the breathing shield in the bistro first aid kits on 2/11/22

All first aid kits were replaced in the Westtown community on 4/8/22

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation dated [REDACTED] did not include (7) the ability to self-administer medications, (8) Body Positioning/movement, (9) Health status, and (10) Mobility assessment.

Plan of Correction

Accept

2/14/2022 Resident #1 DME updated to include the ability to self-administer medication, body positioning/movement, health status and mobility mobility assessment.

2/14/2022 Initial, change of condition and annual Medical Evaluation (DME) forms will be reviewed entirely for completion upon receipt.

2/11/2022 Monthly chart audits to be completed by RCD or designee to ensure **ongoing** medical evaluation is completed and documented on DME form.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators reviewed audit to determine if the POC will be effective. If not **ongoing for** effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation

141a 1-10 Medical Evaluation Information (continued)

3 months does not occur again

Completion Date: 05/31/2022

Document Submission

Implemented

All areas corrected and evaluation of changes continue. Last Qapi review will take place on 5/31/22

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 02/10/2022, [redacted]) for resident #1 (apply to both eyelids twice a day for 7 days prescribed on 12/28/2021) was found in the medication cart. [redacted] prescribed for resident #3, which was discontinued on 02/03/2022, was found in the medication cart.

Plan of Correction

Accept

2/10/2022 Discontinued medications for resident #1 and resident #3 were removed from medication cart.

3/10/2022 Medication administration in service to be held for all medication care managers.

2/14/2022 Weekly medication car audits by RCD or Designee.

ongoing

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective.

ongoing for If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation **3 months** does not occur again.

Completion Date: 05/31/2022

Document Submission

Implemented

Medication care managers received additional training, please see attached. A review of the POC will be completed on 5/31/22 during QAPI meeting

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #4 is prescribed [redacted] as needed. The order was changed from every 6 hours as needed to every 4 hours as needed on 01/26/2022. However, there was no direction change sticker on the blister pack.

Plan of Correction

Accept

2/10/2022 Blister pack for Resident #4 was changed to reflect the correct directives as

184a - Labeling OTC/CAM (continued)

prescribed by physician.

2/11/2022 Audit completed for medication cart to confirm all blister packs matched physicians orders.

3/10/2022 Resident Care Director (RCD) held in-service with MCM's to include approved medication administration process, matching blister pack with physicians orders. Any discrepancy found is to be reported immediately Wellness office.

2/24/2022 Weekly and monthly medication cart audits by RCD or designee to verify all pharmacy blister packs match physicians **ongoing** orders.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators reviewed for audit to determine if the POC will be effective.

ongoing If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation **3 months** does not occur again.

Completion Date: 05/31/2022

Document Submission

Implemented

Med tech training took place on 3/9/22. Final review of POC will take place on 5/31/22

Please see attached med tech training document

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed [redacted] as needed. The resident's February MAR (medication administration record) does not include the initials of the staff person who administered it at 01:00 PM on 02/05/2022. The same resident is prescribed Clonazepam 1 mg (two 0.5 mg tabs or one 1 mg tab) twice a day at 09:00 AM and 06:00 PM. On 01/24/2022 at 09:00 AM, the resident was not administered this medication but the staff entered the initials.

Resident #4 is prescribed [redacted] as needed. The resident's January MAR does not include the initials of the staff person who administered it on 01/20/2022 at 05:00 PM.

Plan of Correction

Accept

2/11/2022 MCM who administered medication on 1/20/2022 was contacted by RCD to discuss documentation error.

2/11/2022 Audit was completed on med cart by RCD to verify all documentation was correct. and accurate.

3/10/2022

187b - Date/Time of Medication Admin. (continued)

The RCD held an in-service with Medication Care Managers on how to properly document entries in a resident's medication/narcotic log, including those entries must be permanent, legible, dated and signed by the staff person making the entry.

2/14/2022 Weekly and monthly medication cart audits completed by RCD or designee to verify all entries and documentation

ongoing is accurate.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective.

ongoing for If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the

3 months violation does not occur again.

Completion Date: 05/31/2022

Document Submission

Implemented

Please find attached the med tech training. Final review of the POC will take place on 5/3/22

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] as needed. The resident was given two 0.5 mg tabs (total 1 mg) at 12:24 PM on 01/18/2022 and at 12:11 PM on 01/19/2022. The same resident is prescribed [REDACTED] (either two 0.5 mg tabs or one 1 mg tab) twice a day at 09:00 AM and 06:00 PM. On 01/17/2022, morning dose (09:00 AM) was given at 11:09 AM. On 01/25/2022, evening dose (06:00 PM) was administered at 08:00 PM. On 01/24/2022 at 09:00 AM, the resident was not given this med.

Plan of Correction

Accept

2/10/2022 Resident #3 physician was made aware that each order needs separate medication container.

2/11/2022 New orders were provided by resident #3 Physician in separate medications containers with clear and concise orders indicating standard order and PRN.

3/2/2022 The Medication Care Manager (MCM) completed refresher course on medication administration.

3/10/2022 Medication administration in service to be held for all medication care managers.

2/14/2022 Weekly medication car audits by RCD or Designee.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators reviewed audit to determine if the POC will be 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: 05/31/2022

187d - Follow Prescriber's Orders *(continued)***Document Submission****Implemented**

Resident physician, [REDACTED] came to the Westtown community to review orders and make necessary changes for a clear understanding of the order. Please find attached the inservice for med tech. Final review of the POC will take place on 5/31/22

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 door to the outside from the enclosed court yard.

Plan of Correction**Accept**

2/10/2022 The MC changed the label on the outside gate entrance of Reminiscence community courtyard.

2/11/2022 The MC and Reminiscence Coordinator (RC) will conduct monthly audit of code lock system to confirm access numbers and labels are correct.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still

Ongoing for effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure

3 months the violation does not occur again.

Completion Date: 05/31/2022

Document Submission**Implemented**

Maintenance Coordinator changed key code immediately during survey. Please see attached inspection sheet of all Rem key codes for the month of March.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #3's narcotic control record dated 01/12/2022 shows multiple entry errors that are improperly documented:

- The date on lines 1 and 8 are written over.
- The count on line 22 is crossed out without proper notation.
- The time, dosage, and count on line 31 is illegible.
- Line 9 is crossed out without proper notation.

Resident #3's narcotic control record dated 01/08/2022 shows multiple entry errors that are improperly documented:

251b - Record Entries Legible (continued)

- Lines 12, 18, and 48 are crossed out without proper notation.
- The "amount remaining" on line 11 is written over.
- The time on line 37 is written over.

Resident #4's narcotic control record dated 01/11/2022 shows multiple entry errors that are improperly documented:

- The "amount remaining" on line 1 is written over.
- The date on lines 9 and 22 is written over.

Plan of Correction

Accept

3/10/2022 The RCD held an in-service with Medication Care Managers (MCM) on how to properly document entries in a residents medication/narcotic log. Including those entries must be permanent, legible, dated and signed by the staff person making the entry.

2/24/2022 Weekly and monthly medication cart audits by RCD or designee to verify the entries in a resident record are **ongoing for permanent, legible, dated and signed by the staff person making the entry.**
3 months

2/24/2022 During the monthly Qapi meeting the ED and Coordinators will review audit to determine if the POC is still **ongoing for effective.** If not effective, it will be amended and a new POC and training will be implemented and monitored to **3 months ensure the violation does not occur again.**
Completion Date: 05/31/2022

Document Submission

Implemented

RCD held a MCM survey - please see attached sign in sheet
 Please see attached weekly and monthly cart audits

141b1 - Annual Medical Evaluation

1. Requirements

2600.
 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 02/17/2021. The resident's previous medical evaluation was completed on 01/27/2020. Resident #2's most recent medical evaluation was completed on 09/14/2021. The resident's previous medical evaluation was completed on 06/05/2020.

Repeated Violation: 7/19/21

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Accept**

2/14/2022 Wellness team reviewed resident medical evaluations for all residents.

2/24/2022 Resident Care Director (RCD) along with Personal Care Coordinator and Reminiscence Coordinator will monitor upcoming **ongoing** annual medical evaluations in order to make sure annual evaluations are done in a timely manner.

2/24/2022 During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective.

ongoing for If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the **3 months** violation does not occur again.

Completion Date: 05/31/2022

Document Submission**Implemented**

Medical evaluations have been updated and completed. Review of the POC by the Qapi will be complete on 5/31/22