

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

December 15, 2022

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2022, 03/04/2022, 03/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF EXTON* License #: *14489* License Expiration: *01/01/2023*
 Address: *200 SUNRISE BOULEVARD, EXTON, PA 19341*
 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

Type: *C-2 LP* Date: *11/15/1999* Issued By: *Commonwealth of PA, 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: *03/07/2022*

Inspection Dates and Department Representative

03/03/2022 - On-Site: [Redacted]
 03/04/2022 - On-Site: [Redacted]
 03/07/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *106* Resident Served: *60*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *39* Resident Served: *23*

Hospice
 Current Resident : *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

03/03/2022 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2022*

Inspections / Reviews *(continued)*

12/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/14/2022

12/15/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

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]/22, resident #1 was sent to the hospital "due to intractable vomiting". The resident was admitted with a diagnosis of [redacted] and also had a [redacted] believed to have been sustained before moving into the home. The home did not report this incident to the Department until [redacted]/22.

POC Submission

Accept

Through our internal monitoring process, the Executive Director identified the incident for resident # 1 and submitted the reportable to the Department.

The Executive Director provided education for the team members in the community on reporting incidences as per DHS guidelines.

The Executive Director or designee will review all incidents daily and determine if the criteria for DHS reporting guidelines are applicable.

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.

3/3/22 & ongoing

Licensee's Plan Completion Date: 03/03/2022

Implemented ([redacted] 12/15/2022)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.

65d - Initial Direct Care Training (continued)

- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED] 21, began providing unsupervised ADL services by [REDACTED] /21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED] 22.

POC Submission

Accept

Staff Member A completed and passed the Department-approved direct care training course and passed the competency test on 3/4/2022.

The Business Office Coordinator audited all direct care staff person files for record of the Department-approved direct care training course and the competency test.

Executive Director provided education to Business Office Coordinator on Department-approved direct care training course and competency test requirement. Business Office Coordinator to utilize a staff person file checklist to ensure completion.

The Business Office Coordinator or designee will work with new staff persons to receive record of the Department-approved direct care training course and the competency test prior to the staff person's date of hire date.

The Business Office Coordinator will bring Team Member file to monthly QAPI for the Executive Director to review the completion of the Department-approved direct care training course and passing of the competency test. 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.

3/4/22 & ongoing

Licensee's Plan Completion Date: 03/04/2022

Implemented [REDACTED] - 12/15/2022)

101j7 - Lighting/Operable Lamp

3. 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.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

The bedside lamp in room [redacted] was missing a lightbulb.

POC Submission

Accept

Executive Director replaced the missing lightbulb.

The Reminiscence Coordinator and designed audited all rooms to ensure working light bulbs at bedside.

Executive Director provided education to staff persons on DHS requirement to have a light source in resident suites.

The Reminiscence Coordinator and/or designee will complete daily room audits to ensure light bulbs are at bedside.

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.

3/7/22 & ongoing

Licensee's Plan Completion Date: 03/07/2022

Implemented [redacted] - 12/15/2022)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following containers of liquid were found unlabeled and undated in the server's reach in refrigerator:

- 1 pitcher of lemonade,
- 2 pitchers of cranberry juice,
- 2 cartridges of tea for use in the juice machine,
- 1 cartridge of mango water, and
- 1 cartridge of strawberry water.

POC Submission

Accept

Dining Service Coordinator removed juices and labeled as necessary.

The Dining Service Coordinator audited kitchen for appropriate dates and labels and found no other concerns.

3/7/22 & ongoing

Executive Director provided education to dining team on requirement of dates and labels needed on all drinks and food.

The Dining Service Coordinator and or designee will daily audit all refrigerators to ensure all items are dated

103i - Outdated Food (continued)

appropriately.

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.

Licensee's Plan Completion Date: 03/07/2022

Implemented (redacted) 12/15/2022)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The home uses a form titled "Individual Support Plan (ISP) Review Meeting" as a signature page for the Resident's Assessment and Support Plan. Residents #2, #3, #4, #5, and #6 had this form signed by the resident but did not have staff or family signatures present.

POC Submission

Accept

The Resident Care Director and Reminiscence Coordinator signed appropriate care plan meetings as per their attendance.

The Resident Care Director received training from onsite inspector, regarding signatures needed on care plan meeting forms for all parties involved in care plan meeting.

The Resident Care Director audited all care plan meeting forms to verify signatures of all involved in care plan meetings.

Resident Care Director or designee will track and monitor to make sure Care Plan meeting forms are signed by all involved in the care plan meeting during the meeting.

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.

3/4/22 & ongoing

Licensee's Plan Completion Date: 03/04/2022

Implemented (redacted) - 12/15/2022)