

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

February 14, 2023

[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 06/13/2022, 06/13/2022 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 WESTTOWN **Licen e #:** 14494 **Licen e 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

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:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 91 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/13/2022

Inspection Dates and Department Representative

06/13/2022 - On-Site: [REDACTED]
06/13/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 110 **Re ident Served:** 58

Secured Dementia Care Unit

In Home: Yes **Area:** Capacity: 25 **Re ident Served:** 17
Reminiscence Memory Support

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 56
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 33 **Have Physical Disability:** 1

Inspections / Reviews

06/13/2022 - Partial

Lead In pector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/15/2022

11/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/28/2022

02/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [redacted]/22, does not indicate the resident's need for intervention with aggression towards resident #2 [redacted]. Resident #1 has had at least two incidents of verbal and physical aggression towards resident #2. The resident's support plan, dated [redacted]/22 does not document how this need will be met.

POC Submission

Accept

5/13/22 Resident #1 had [redacted] evaluation which supports diagnosis of [redacted], [redacted].

In conjunction with POA/ family, a plan was developed to allow interaction with Resident #2/[redacted] at [redacted] request. Resident #1 continues to have interactions with Resident #2 at the request of of both residents. Interactions are in common areas of the community. [redacted]

7/21/22 -Interdisciplinary team meeting held to review relationship and care plan. Relationship between Resident #1 and Resident #2 continue to have positive interactions. POA/Family request no changes at this time 7/21/22 and ongoing for three months. Resident #1 plan will continue to be evaluated for effectiveness and if any changes are deemed to be necessary a consultation with [redacted] Ph.D. along with POA/Family will take place to discuss necessary changes. Please see attached updated plan.

Licensee's Plan Completion Date: 09/22/2022

Implemented [redacted] 02/14/2023)