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

March 17, 2023

[redacted]
AL ONE PA INVESTMENTS OPCO LLC
[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 10/20/2022 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**: *01/01/2024*

**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**: *11/10/1999* **I ued By**: *Dept. L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *89* **Waking Staff**: *67*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Complaint* **Exit Conference Date**: *10/20/2022*

## Inspection Dates and Department Representative

*10/20/2022 On Site* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *110* **Residents Served**: *60*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Memory Care Unit* **Capacity**: *21* **Residents Served**: *17*

### Hospice

**Current Residents**: *6*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0*

**Are 60 Years of Age or Older**: *59*

**Diagnosed with Mental Illness**: *0*

**Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *29*

**Have Physical Disability**: *1*

# Inspections / Reviews

### 10/20/2022 - Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/13/2022*

### 11/16/2022 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *02/23/2023*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/21/2022*

## Inspections / Reviews *(continued)*

### 11/30/2022 - POC Submission

**Submitted By:** [redacted] **Date Submitted:** *02/23/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/31/2022*

### 03/17/2023 - Document Submission

**Submitted By:** [redacted] **Date Submitted:** *02/23/2023*

**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]202, Resident #1 suffered an unwitnessed fall and injury to the resident's head requiring care in the emergency department. The home did not submit an incident report to the Department.*

**Plan of Correction** ***Accept [redacted] - 11/30/2022)***

*We request citation be removed. Resident did not require any medical interventions at the hospital and did not meet the criteria of "serious bodily injury or trauma"*

*The Executive Director and Resident Care Director reviewed all resident hospitalizations for the past three months. All incidents that met the reporting requirements of 2600.16c had been reported. 11/3/2022*

*The Executive Director provided training to the RCD, Personal Care Coordinator, and Wellness Nurse regarding reporting requirements for a resident who experiences serious bodily injuries. 11/3/2022*

*The Executive Director and/or designee will review all incidents in the facility during the daily interdisciplinary meeting to ensure all incidents are reported in accordance with the requirements. 11/3/2022 and ongoing*

*Reportable submitted for resident #1 11/16/2022*

*The POC and monitoring process will be discussed during monthly QAPI meetings for three months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. 11/30/2022 and ongoing for three months.*

**Licensee's Proposed Overall Completion Date** [redacted]*/2022*

***Implemented [redacted] - 03/17/2023)***

## 60a - Staff/Support Plan

**2. Requirements**

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*On [redacted]22, during 11pm to 7am shift, the home did not have any staff that were able to administer PRN medications to the residents, including resident #1 as required by his/her assessment and support plan. According to staff interviews, these services could not be provided due to the lack of available direct care staffing with medication training in the home.*

**Plan of Correction** ***Accept [redacted] - 11/30/2022)***

*The Executive Director and Resident Care Director immediately reviewed the facilities overnight schedule and confirmed a medication care manager (MCM) was scheduled every night for the duration of the schedule.*

## 60a - Staff/Support Plan (continued)

*11/3/2022 and ongoing*

*The Resident Care Director reviewed requirement of having a direct care staff with medication training in the facility on the overnight shift. This includes if a direct care staff with medication training informs the facility, he/she will not be in for scheduled shift. The RCD and care coordinators are to ensure another medication trained staff person is required to report to the facility. 11/10/2022*

*The Executive Director, Resident Care Director, and care coordinators to review schedule daily at Stand up to ensure a direct care staff with medication training will be present in facility. 11/10/2022 and ongoing.*

*The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. 11/30/2022 and ongoing.*

**Licensee's Proposed Overall Completion Date:** *11/23/2022*

***Implemented ([redacted] - 03/17/2023)***

## 185a - Implement Storage Procedures

**3. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*On [redacted]/2022 at approximately [redacted]pm, Resident #1 refused an administration of [redacted], a narcotic medication. The medication was destroyed improperly by Staff member A, who destroyed the medication by herself using a drug buster on the instruction given by a registered nurse over the phone. This method does not follow the home's written procedure on destroying narcotics.*

*The home's procedures for the safe use of medications and medical equipment indicates the following procedures are to be implemented/completed for the destruction of controlled medications:*

- *The Licensed Nurse will ensure that active controlled medications that require wasting due to contamination, refusal, discontinuation of the medication, or discharge of the resident are destroyed by two licensed nurses employed by the community, and the disposal is documented on the accountability record on the line representing that dose.*
- *Destruction of controlled medications is documented on the following:*
    - *Medication Disposition/Destruction Form*
    - *Controlled Substance Count Form*
    - *Medication Destruction Log Book and*
    - *Signed by the registered nurse and witnessing licensed professional who should record the quantity destroyed, the date of destruction and signature of registered nurse and pharmacist.*

*185a - Implement Storage Procedures (continued)*

**Plan of Correction** ***Accept ( 11/30/2022)***

*The Resident Care Director provided training to all staff persons with medication training on the proper procedure for the destruction of controlled substances. 11/3/2022*

*The Resident Care Director and Executive Director reviewed the narcotic destruction log for the past thirty days and erified all narcotics had been destroyed per the facility's written procedure. 11/3/2022*

*The Resident Care Director will conduct a monthly audit of the narcotic destruction log to verify all narcotics had been destroyed in accordance with the policy. 11/10/2022 and ongoing*

*The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. 11/30/2022*

**Licensee's Proposed Overall Completion Date:** *11/23/2022*

***Implemented - 03/17/2023)***

**4. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #1 is prescribed , , , and as needed. On 10/20/22 these medication(s) were not available in the home.*

**Plan of Correction** ***Accept ( - 11/30/2022)***

*The Resident Care Director reviewed the as needed medications for Resident # 1. , was available in med cart. and were discontinued on 10/20/2022.*

*The Resident Care Director (RCD) ordered . This medication is prescribed to be administered on an as needed basis; the resident did not have a need for this medication. 11/15/2022*

*The RCD provided training to staff members who administer medications in the facility on requirement for all prescribed medications to be in the facility at all times. 11/16/2022*

*The Wellness Nurses and medication care managers will conduct medication cart audits to ensure all medication listed on the medication administration records (MAR) are located in the home. 11/23/2022*

*The MCMs will conduct weekly cart audits and immediately order any medication that is found not to be in the medication carts. The cart audits will be reviewed monthly by the Wellness Nurse and quarterly by the RCD. 11/3/2022*

*The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.*

## 185a - Implement Storage Procedures (continued)

*11/30/2022 and ongoing for 3 months.*

**Licensee's Proposed Overall Completion Date:** *11/23/2022*

***Implemented [redacted] - 03/17/2023)***

## 187c - Refusal of Medication

**5. Requirements**

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*On [redacted]/22 at [redacted] pm, resident #1 refused to take a scheduled dose of [redacted] . The home did not document the refusal in the resident's record or report the refusal to the resident's doctor as required.*

**Plan of Correction** ***Accept [redacted] - 11/30/2022)***

*The medication administration record (MAR) for resident #1 was corrected to note the refusal of the medication. The physician for resident #1 was notified of the medication refusal; there were no changes to prescriber's orders. 11/15/2022*

*The Resident Care Director reviewed the MARs for the prior two weeks to ensure any residents' refusal of medication had been communicated to the physicians, and there had been proper documentation of the refusal in the MAR. 11/3/2022*

*The Resident Care Director provided training to all medication care managers regarding need to notify a physician when a resident refuses medication along with proper documentation on the MAR. 11/16/2022.*

*The RCD and/or designee will review the refusal of medication weekly and ensure the physician had been notified, and proper documentation is in the MAR. 11/3/2022 and ongoing*

*The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again. 11/30/2022 and ongoing for 3 months.*

**Licensee's Proposed Overall Completion Date:** *11/23/2022*

***Implemented [redacted] - 03/17/2023)***