

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

April 26, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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 11/03/2022 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 License #: 14494 License 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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 92 Waking Staff: 69

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 11/03/2022

Inspection Dates and Department Representative

11/03/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 Residents Served: 63

Secured Dementia Care Unit

In Home: Yes Area: Reminiscence Capacity: 25 Residents Served: 18

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

11/03/2022 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2022

12/01/2022 - POC Submission

Submitted By: [Redacted] Date Submitted: 11/17/2022
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/06/2022

Inspections / Reviews *(continued)*

04/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/21/2023

04/26/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 1# indicates the resident requires assistance with bathing. The resident does not receive assistance as required.

Plan of Correction

Accept [REDACTED] - 12/12/2022

Met with resident to discuss bathing preference, based upon residents' ability. Residents' preference documented and support plan updated. 11/4/2022 [REDACTED] and [REDACTED]

Spot check bathing service plans for all residents during weekly interdisciplinary team meeting. 11/18/2022. Monthly for 3 months. [REDACTED]

Meet with resident at six month SEHA to confirm she is receiving bathing schedule she requested. [REDACTED] 11/17/22

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 will be implemented. 11/30/2022 and ongoing for 3 months.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (SW - 04/26/2023)

82c - Locking Poisonous Materials

2. 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

[REDACTED] toothpaste and [REDACTED] Ultimate deodorant, both with a manufacture's label indicating "Contact Poison Control if swallowed", were unlocked, unattended, and accessible to residents in the bathroom in room 114. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

[REDACTED] toothpaste and [REDACTED] Ointment, both with a manufacture's label indicating "Contact Poison Control if swallowed", were unlocked, unattended, and accessible to residents in the bathroom in room 125. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeated Violation: 2/10/22

Plan of Correction

Accept [REDACTED] - 12/12/2022

Reminiscence Coordinator (RC) and Lead Care manager immediately removed [REDACTED] toothpaste and [REDACTED] care ultimate deodorant from #114 and [REDACTED] and [REDACTED] Ointment from #125 11/3/2022

Training and education for care team members to secure poisonous materials used during grooming to be immediately locked up.

82c Locking Poisonous Materials (continued)

11/4/2022 [redacted] and [redacted]

Reminiscence Coordinator will conduct weekly check of resident rooms to confirm personal products are secured. 11/4/2022 and ongoing for 30 days.

ED will discuss with care team the importance of securing materials making them inaccessible to residents who have been assessed not capable of recognizing and using poisons safely. 11/29/2022 and ongoing for 3 months.

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.

11/30/2022

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 04/26/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/3/22, the toilet seat in the bathroom in room 114 had brown stains that appeared to be fecal matter.

Plan of Correction

Accept [redacted] - 12/01/2022)

Executive Director immediately cleaned brown matter 11/3/2022

Reminiscence Coordinator met with care team to review sanitary conditions citation. Care team reminded to do cleanliness check after residents finish daily care. 11/4/2022

The ED will discuss sanitary conditions citation at monthly care team meeting on the importance of cleanliness room check for all residents after completion of daily care. 11/29/2022 and ongoing for 3 months

During the monthly QAPI meeting the ED and Coordinators will review the POC determine if it 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.

11/30/2022 and ongoing

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 04/26/2023)

101j7 - Lighting/Operable Lamp

4. Requirements

101j7 - Lighting/Operable Lamp (continued)

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.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([redacted] - 12/12/2022)

Light source placed next to resident #1 bed. 11/4/2022 [redacted] ED and [redacted], Maint Asst.

Resident rooms will be spot checked by Coordinator team to confirm each resident has access to a source of light that can be turned on/off at bedside. 11/14/2022 and ongoing Monthly completed by maint. team / Housekeeping

During the monthly QAPI meeting the ED and Coordinators will review the POC determine if it 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.

11/30/2022 and ongoing for 3 months.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented [redacted] - 04/26/2023)

141a 1-10 Medical Evaluation Information

5. 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

The resident #1's medical evaluation dated [redacted] did not include immunization history .

Repeated Violation: 2/10/22

Plan of Correction

Accept ([redacted] - 12/12/2022)

Immediate correction made to DME. 11/4/2022 [redacted]

141a 1-10 Medical Evaluation Information (continued)

Resident Care Director (RCD) will review all resident DME's to confirm all information is accurate. 11/28/2022

When new DME's are received RCD will review and confirm all information required is documented. 11/4/2022 and ongoing

During the monthly QAPI meeting the ED and Coordinators will review the POC determine if it 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. 11/30/2022 and ongoing for 3 months.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (█ - 04/26/2023)