

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

March 31, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 01/24/2023 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]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/10/1999* 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: *01/24/2023*

Inspection Dates and Department Representative

01/24/2023 - 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: *Reminiscence* Capacity: *25* Residents Served: *19*

Hospice
 Current Residents: *NM*

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: *31* Have Physical Disability: *5*

Inspections / Reviews

01/24/2023 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/28/2023*

03/02/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *03/30/2023*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2023*

Inspections / Reviews *(continued)*

03/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/01/2023

03/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

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], resident #1, was sent to [REDACTED] Hospital for a change in mental status as stated in progress notes. The resident knocked over the refrigerator, television and all the picture frames in his room. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 03/06/2023)

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”.

2/20/2023

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.

2/21/2023

The Executive Director provided training to the RCD, Personal Care Coordinator, Reminiscence Coordinator, and Wellness Nurses regarding reporting requirements for a resident who experiences serious bodily injuries.

The Executive Director and/or designee will review all incidents in the facility during the weekly interdisciplinary meeting to ensure all incidents are reported in accordance with requirements.

2/23/2023

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.

Licensee's Proposed Overall Completion Date: 04/27/2023

Implemented ([REDACTED] 03/31/2023)

141a 1-10 Medical Evaluation Information

2. 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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

The resident's medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Accept (█ - 03/02/2023)

2/11/2023

The resident is currently out of the facility; a new DME will be completed by the physician prior to █ discharge back to the facility.

1/26/2023

A complete audit of all Documentation of Medical Evaluation Forms was completed by Resident Care Director.

2/20/2023 and ongoing for 3 months

Resident Care Director or designee will review newly completed Documentation of Medical Evaluation forms at weekly interdisciplinary meeting.

02/23/2023 and ongoing for 3 months

During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the plan of correction (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.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented (█ - 03/31/2023)

234b - Support Plan Needs Elements

3. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated █, for resident #1 does not address how the home will manage the behavioral concerns when thoughts of █ are present.

Plan of Correction

Accept (█ - 03/02/2023)

02/06/2023

The support plan for Resident #1 was reviewed and updated to include new behavioral interventions.

2/10/2023

The Resident Care Director and Senior Resident Care Coordinator reviewed the support plans for all residents in the secured memory care unit to ensure support plans addressed residents' behavioral and mental health needs.

2/20/2023

Resident Care Coordinator will monitor behavior care plans to ensure interventions are in place. The RCC will ensure any changes to the support plans are updated at the weekly interdisciplinary team meeting.

234b Support Plan Needs Elements (continued)

2/23/2023 and ongoing for 3 months

During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the plan of correction (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.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented [REDACTED] - 03/31/2023)