



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 6, 2023

[REDACTED]
[REDACTED]
AL One PA Investments Opco, LLC
[REDACTED]
[REDACTED]

RE: Sunrise Senior Living of Exton
200 Sunrise Boulevard
Exton, Pennsylvania 19341
License #: 144891

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection January 25 and February 3, 14, 24, and 28, 2023, and May 10 and 11, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 144890 dated January 1, 2023 to January 1, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated January 1, 2023 to January 1, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 6, 2023 to April 6, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42b	II	46	\$5	\$230	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *SUNRISE OF EXTON* License #: *14489* License Expiration: *01/01/2024*
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: *70* Waking Staff: *53*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/28/2023*

Inspection Dates and Department Representative

01/25/2023 - On-Site: [REDACTED]
02/03/2023 - Off-Site: [REDACTED]
02/14/2023 - Off-Site: [REDACTED]
02/24/2023 - Off-Site: [REDACTED]
02/28/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* Residents Served: *45*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *39* Residents Served: *15*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

01/25/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/17/2023*

03/29/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/29/2023*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/03/2023*

04/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/29/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/30/2023*

07/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *04/29/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] 26/22, resident #1 was re-admitted to the home after a stay in a rehabilitation facility. [REDACTED] was discharged from the rehab facility with a stage 3 pressure ulcer. The resident preferred to utilize a Texas catheter for the management of [REDACTED] diagnosis of benign prostatic hyperplasia with lower urinary tract symptoms. The home's "Delivery and Management of Services from Admission to Discharge" policy states that "The Community may only accept or retain an individual to be a Resident if management determines in its sole discretion, it is able to provide appropriate services and the individual meets the requirements set forth by regulation and law." and that "one or more pressure ulcers of stage 3 or stage 4 may result in a denial or delay in admission." Resident #1's Assessment and Support Plan (RASP) does not indicate a plan for the management of the resident's Stage 3 ulcer. The RASP indicates, under Bladder/Bowel, to "Observe for and report any of the following signs and/or symptoms of a urinary tract infection: pain, burning, blood tinged urine, urinary frequency, foul smelling urine, altered mental status, change in behavior, such as confusion, increased restlessness, or wandering."

The resident's progress notes indicate that, on 12/9/22, the resident's urine was amber colored. On 12/11/22 at noon, the resident's progress notes indicate that the resident had a fever of 101.5 degrees Fahrenheit with a negative results for RSV, Flu A & B, and COVID test. The home administered Acetaminophen at this time. On 12/12/22, at 6:26am, the home administered Acetaminophen due to resident #1's discomfort during AM care. The home then noted his temperature to be 98.4 degrees Fahrenheit. Resident #1's [REDACTED] came to visit and noted that the resident would not awaken to eat, and "wasn't the same". The resident's [REDACTED] informed staff person A of [REDACTED] concerns. On 12/13/22 at 6:26am, the home indicated that the resident's temperature was 98.2 degrees Fahrenheit, and notes a slight improvement, indicating that the resident was "playing on phone and watching tv". At 9:15am, the home documented they called the resident's [REDACTED] and informed [REDACTED] that resident #1 "didn't look good" and that the wellness nurse was sending the resident to the hospital. At approximately 10:00am, the home noted that "MD notified and wants resident sent to hospital" and 911 was called to transport the resident to the hospital.

The resident arrived to the Emergency Department at approximately 10:10am on [REDACTED]/22. According to the hospital records, within 2-3 hours after admission, the resident quickly deteriorated and became unresponsive with evidence of progressive respiratory and multi-organ failure. The resident expired at 10:41pm. The records indicate that the resident presented with "septic shock felt to be related to UTI which has led to multi-organ failure. [REDACTED] also has a significant sacral decubitus wound which could be a contributing source." Resident #1's death certificate indicates "septic shock" as the cause of death.

Plan of Correction

Accept [REDACTED] - 04/19/2023)

On 3/7/2023, the Executive Director and Resident Care Director reviewed Resident #1's assessment and progress notes that indicated Resident #1 does not have a stage 3 pressure wound and that treatment was on the MAR for his reddened area.

On 3/8/2023, the Resident Care Director audited all resident charts, ensuring that all Residents with pressure

42b - Abuse (continued)

wounds have a plan of management in their RASPs.

Starting on 3/8/2023, the Resident Care Director and designee will review complete weekly wound evaluations for all residents that have a pressure wound.

Starting on 3/8/2023, the Resident Care Director or designee will report any concerns during resident assessments that indicate concerns for appropriate services.

On 4/16/2023, the Regional Director of Resident Care will educate Resident Care Director and Wellness Nurse on proper steps of identifying and monitoring symptoms of a UTI, to include: assessing the resident, planning (notify physician/family), implementing a plan, and following up to ensure that the intervention has been effective. In addition, RDRC will educate Resident Care Director and Wellness Nurse on Responding to Medical Emergencies policy to determine when it is necessary to send a resident to the hospital for additional treatment.

On 4/17/2023, the Resident Care Director will educate Wellness nurses on proper process of following up after being notified of clinical concerns which includes notifying the physician and following orders obtained, and documentation of plan is resident's medical record. This documentation is to be completed timely and include follow up communication with the physician.

On 4/16/2023, the Resident Care Director, or designee, will assess residents timely after being alerted of symptoms by direct care staff, will notify physician to obtain orders as needed, initiate intervention timely, and document accordingly. Specifically including the signs and symptoms of a urinary tract infection, collecting a urinalysis, and obtaining orders from physician as necessary.

On 4/27/2023, 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 for three months. 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 Proposed Overall Completion Date: 04/27/2023

Not Implemented [redacted]/10/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 01/24/23, resident #2 was transferred from wheelchair to bed. The resident stated that [redacted] did not want to go to sleep that early in the night. Staff member B stated that [redacted] is not returning to put resident #2 to bed. Staff member B

42c - Treatment of Residents (continued)

was annoyed by the request to move the night table closer to the bed. Staff member B said, "I don't move furniture". Resident #2 felt no choice other than to abide to the Staff's instruction and be transferred to bed. Per resident #2's assessment, dated [REDACTED] 26/22, assistance is needed for transferring in/out of the bed/chair is requires the physical assistance of one person.

Plan of Correction

Accept [REDACTED] - 03/29/2023)

On 3/7/23 DHS surveyor informed the community that during an interview with Resident #2, the resident voiced a resident rights concern involving Staff Person B. The community immediately commenced an investigation.

On 3/14/2023, the Executive Director and the designee interviewed other residents who interacted with staff person B to see if they had any concerns with being treated with dignity and respect; no concerns were noted.

At the conclusion of the investigation, Staff Person B was provided training on customer service and resident rights. Training was provided on 3/14/23.

From 3/1/2023 through 3/31/2023, the Executive Director or the designees will provide training and education to staff persons in the community on Resident Rights and Customer Service.

On 3/13/2023, the Executive Director or the designee reviewed the importance of resident rights and the procedure for communicating any issues surround resident rights during monthly Resident Council Meeting.

Starting 4/11/2023, 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 Proposed Overall Completion Date: 04/11/2023

Not Implemented [REDACTED] - 07/10/2023)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, dated [REDACTED] 6/2022, does not include the resident's stage 3 pressure ulcer nor the use of a Texas Catheter.

Plan of Correction

Accept [REDACTED] - 03/29/2023)

On 3/14/2023, the Executive Director and the Resident Care Director reviewed Resident #1's RASP and progress notes that indicated Resident #1 does not have a stage 3 pressure wound and that the special instructions indicated the resident's ability to make their needs known regarding the Texas catheter.

225a - Assessment 15 Days (continued)

On 3/13/2023, the Resident Care Director audited all resident charts, to verify that all Residents with pressure wounds and catheters have a plan of management in their RASPs.

On 3/1/2023, the Resident Care Director or designee will update SEHAs and service plans timely and accurately to accurately reflect the care needed for the resident. Resident Care Director will review residents with wounds and ensure service plan is updated weekly.

Starting 4/11/2023, 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 Proposed Overall Completion Date: 04/11/2023

Implemented [REDACTED] - 07/10/2023)