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

April 4, 2023

[redacted], ED
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 03/01/2023, 03/03/2023 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]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/10/1999* **Issued By**: *PA L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *79* **Waking Staff**: *59*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *03/03/2023*

Inspection Dates and Department Representative

03/01/2023 - On-Site: [redacted]

03/03/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served**: *61*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory* **Capacity**: *25* **Residents Served**: *18*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *61*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *18* **Have Physical Disability**: *5*

Inspections / Reviews

03/01/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/13/2023*

03/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/20/2023*

Inspections / Reviews *(continued)*

03/21/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/03/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/31/2023*

04/04/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/03/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

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 [redacted]

[redacted] *12/15/22, Resident #1 was not provided emergency treatment following the discovery of a large hematoma on the residents left hip or on* [redacted] *when the staff also observed the resident with bilateral leg edema and the large left hip hematoma oberved on* [redacted] *The home did not obtain a physician assessment or emergency treatment for Resident #1 who resides in the Memory Care unit. The family sent the resident to the hospital for treatment on* [redacted].

Plan of Correction ***Accept*** [redacted] ***- 03/21/2023)***

On [redacted] *direct care staff identified a bruise on Resident #1's left hip. The direct care staff immediately reported the observation to the Wellness Nurse, an RN.*
On [redacted] *the Wellness Nurse evaluated Resident #1 as a response to the direct care staff reporting the observation of the bruise on the residents left hip.*

On [redacted] *the Wellness Nurse re-evaluated Resident #1 related to the left hip bruise and bilateral leg edema; the resident was not presenting any pain and was at base line for mobility. Resident #1 has a diagnosis of unspecified* [redacted]*; this is documented in the residents support plan.*

On [redacted] *Resident #1 received an evaluation at the hospital and returned to the community with no serious injury, no new diagnosis, and no new orders. Treatment was not provided at the hospital.*

On [redacted] *the Executive Director and Resident Care Director reviewed process of responding to medical issues/emergencies.*

On [redacted] *the Executive Director, Resident Care Director and Senior Care Coordinator met with Lead Care Coordinators to review process of monitoring resident injuries of unknown origins which need to be evaluated at hospital.*

On 3/15/2023, the Executive Director and the Resident Care Director met with the Wellness Nurses, to review when to send a resident out to receive emergency medical treatment.

On 3/16/2023, the Executive Director reviewed with the overnight care team the importance of monitoring residents and reporting injuries to the Wellness team for further evaluation and the decision to send residents to hospital for further evaluation.

3/23/2023 and ongoing for 3 months
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.

3/30/2023
Executive Director will review with the day and evening care team the importance of monitoring residents and reporting injuries to the Wellness team for further evaluation.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: *05/31/2023*

Implemented ([redacted] - 04/04/2023)

102h - Toilet Paper

2. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/1/2023 at 9:30am, there was no toilet paper for the toilet in the bathroom 122.

Plan of Correction ***Accept [redacted] - 03/14/2023)***

3/7/2023
Care Coordinator along with Lead Care Managers walked all Reminiscence rooms and confirmed the availability of toilet paper. Toilet paper was placed in suite 122.

3/9/2023
Care Coordinator met with Reminiscence care team to reiterate the need for toilet paper in all restrooms, including rooms where residents receive a higher level of personal care.

3/10/2023 and ongoing for 3 months
Care Coordinator and the Executive Director will monitor the availability of toilet paper in all rooms on a rotating schedule.

3/23/2023 and ongoing for 3 months.
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: *05/31/2023*

Implemented ([redacted] - 04/04/2023)

103e - Left Overs

3. Requirements

2600.

103e Left Overs *(continued)*

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:30pm the SDCU refrigerator/freezer there were five sandwiches not labeled or dated.
An unlabeled and undated container of Cole slaw, vanilla pudding and two trays of cut cake were located in the SDCU refrigerater.
There were six bottles of unlabeled or dated assorted juices in the SDCU refrigerater.
The SDCU freezer had a cup of ice and ½ empty bottle of water not labeled or dated.

Plan of Correction ***Accept [redacted] - 03/14/2023)***

3/3/2023
Executive Director removed all non labeled as indicated by surveyor; coleslaw, pudding, cake, Juices, cup of ice, and water bottle.

3/3/2023
Executive Director audited all common area cabinets are refrigerators to confirm all remaining items were labeled as required.

3/3/2023 3/9/2023
Executive Director along with Dining Service Coordinator met with the Cooks and Lead Care Managers to review the requirements of food safety and the importance of dating of all food items.
3/6/2023 and ongoing
The Dining Service Coordinator and/or designee will conduct a daily audit of refrigerated food to confirm all food is dated and labeled correctly.

3/23/2023
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: *05/31/2023*

Implemented ([redacted] - 04/04/2023)

227h - Support Plan Refuse Sign

4. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1, admitted to the SDCU on [redacted], did not sign the support plan and there is no notation to indicate the resident refused or was unable to sign the documents.

Plan of Correction ***Accept [redacted] - 03/14/2023)***

2/11/2023

227h - Support Plan Refuse Sign (continued)

Resident out of the community and we are unable to get ISP signature a this time.
3/10/2023 and 3/11/2023
The Executive Director and Care Coordinator reviewed the charts for new residents, residents with recent condition changes or neighborhood moves to ensure that the support plan has been reviewed and signed by the resident and/or appropriate family members. Meetings are being coordinated to ensure the completion of this.

4/3/2023 and ongoing for 3 months
The Executive Director and Care Coordinator will review the charts monthly for any new residents, any residents with condition changes or neighborhood to ensure that the support plan has been reviewed and signed by the resident and/or appropriate family members.

3/23/2023 and ongoing for 3 months
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: *05/31/2023*

Implemented [redacted] - 04/04/2023)

231b - Medical Evaluation

5. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted] and signed by the medical professional on [redacted]

Plan of Correction ***Accept ([redacted] - 03/14/2023)***

6/20/20
Completed DME for resident in place when resident moved into the Westtown Community.

3/10/2023 and 3/11/2023
Resident Care Director reviewed Reminiscence resident medical evaluations for residents who have moved into the reminiscence community over the last 3 months to confirm the Medical Evaluation forms were completed and signed in the appropriate time frame.

4/3/2023 and ongoing
Resident Care Director along with the Wellness team will conduct monthly chart audits of new residents, residents with recent condition changes or neighborhood moves to ensure to confirm the medical evaluation forms were completely appropriately and timely.

231b - Medical Evaluation (continued)

3/23/2023
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: *05/31/2023*

Implemented [redacted] - 04/04/2023)

231c - Preadmission Screening

6. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident #1's written cognitive preadmission screening was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 03/14/2023)***

3/10/2023 and 3/11/2023
Resident Care Director along with Wellness team are reviewing residents who have moved in over the last 3 months to confirm preadmission screening form was completed for each resident within 72 hours prior to admission to the Reminiscence community.

4/3/2023 and ongoing
Resident Care Director along with Wellness team will conduct monthly audits of Reminiscence documentation for all new residents who moved in prior month to confirm documentation is in order as per regulations.

3/23/2023 and ongoing for 3 months
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: *05/31/2023*

Implemented ([redacted] - 04/04/2023)