

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

May 1, 2023

[REDACTED]
AL ONE PA INVESTMENTS OPCO LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF EXTON
200 SUNRISE BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14489

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2023, 03/13/2023, 03/14/2023, 03/16/2023, 03/20/2023, 04/03/2023 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 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: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Complaint, Incident* Exit Conference Date: *04/03/2023*

Inspection Dates and Department Representative

03/13/2023 On Site [Redacted]
 03/13/2023 Off Site [Redacted]
 03/14/2023 Off Site [Redacted]
 03/16/2023 Off Site [Redacted]
 03/20/2023 Off Site [Redacted]
 04/03/2023 Off Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *106* Residents Served: *50*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *39* Residents Served: *17*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

03/13/2023 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2023*

04/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/01/2023

05/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/2023, Staff Person A witnessed Staff Person B smack Resident 1 on their hands and legs. The incident was reported to the Staff Person C on [redacted] 2023. The home did not report this allegation of abuse.

Plan of Correction

Accept [redacted] - 04/18/2023)

On [redacted] 2023, the local Area Agency on Aging contacted Staff Person C to request documents regarding the report of suspected abuse related to Resident 1. Staff Person C complied and provided the requested documentation.

On [redacted]/2023, Staff Person C reported the incident of suspected abuse related to Resident 1 to Department of Human Services.

On 4/13/2023, the interim administrator (Executive Director) submitted an Act 13 to the Chester County Area Agency on Aging.

On 4/14/2023, the interim Executive Director reviewed all reportable incidents since January to confirm that no additional reports should have been reported to the local Area on Agency Aging in accordance with OAPSA reporting procedures.

On 4/11/2023, the Director of Operations reviewed the need for timely reporting with the interim administrator, as Staff Person C is no longer employed at the facility.

On 4/11/2023 the interim Executive Director provided training to staff persons regarding the need to report suspected abuse of residents to the local Area Agency on Aging immediately upon receipt of any concern. Staff persons were also provided training regarding the open-door policy of the leadership team and assurance resident care concerns should be reported and addressed immediately. (Completed date expected 4/21/2023)

As of 4/14/2023 and daily, the Executive Director and/or designee review any allegations of suspected abuse to verify reports were made to the local Area Agency on Aging.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance Improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to verify the violation does not occur again.

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

Implemented [redacted] - 05/01/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] 2023, Staff Person A witnessed Staff Person B smack Resident 1 on their hands and legs. The incident was reported to the Staff Person C on [redacted]/2023. The home did not report this incident to the department until [redacted] 2023. The home also did not place Staff person B on suspension or on a plan of supervision approved by the department

15b - Supervisor Plan (continued)

unti [REDACTED] 2023.

Plan of Correction

Accept (MJ - 04/18/2023)

On [REDACTED] 2023, the incident was reported to the Department of Human Services by Staff Person C and Staff Person B was placed on administrative leave during the investigation.

On 4/14/2023, the interim Executive Director reviewed all reportable incidents since January 2023 to confirm that no additional staff persons should have been placed on suspension or plan of supervision developed and implemented.

On 4/11/2023 the Director of Operations reviewed with the interim Executive Director, as Staff Person C is no longer employed at the facility, the need to place staff persons on suspension or develop and implement a plan of supervision when there is a report of suspected abuse of a resident.

On 4/17/2023, the interim Executive Director provided training to the leadership team the need to place staff persons on suspension or develop and implement a plan of supervision when there is a report of suspected abuse of a resident.

As of 4/14/2023 and daily, the Executive Director and/or designee review any allegations of suspected abuse to verify the reporting process was followed and the alleged involved staff person(s) have been placed on suspension or a plan of supervision developed and implemented in accordance with OAPSA and Chapter 2600.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be mplemented and monitored to verify the violation does not occur again.

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

Implemented [REDACTED] - 05/01/2023)

15c - Supervision

3. Requirements

2600.

15.c. The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED]/2023, Staff Person A witnessed Staff Person B smack Resident 1 on their hands and legs. The incident was reported to the Staff Person C on [REDACTED]/2023. The home did not report this incident to the department until [REDACTED] 2023.

The home also did not place Staff person B on suspension or on a plan of supervision approved by the department until [REDACTED] 2023.

Plan of Correction

Accept [REDACTED] - 04/18/2023)

On [REDACTED]/2023, the incident was reported to the Department of Human Services by Staff Person C and Staff Person B was placed on administrative leave (suspension) during the investigation.

On 4/14/2023 the interim Executive Director reviewed all reportable incidents since January 2023 to confirm that no additional staff persons should have been placed on suspension or plan of supervision developed, implemented, and submitted to the Department.

On 4/11/2023, the Director of Operations reviewed with the interim Executive Director, as Staff Person C is no longer employed at the facility, the need to place staff persons on suspension or develop and implement a plan of supervision when there is a report of suspected abuse of a resident and submit it to the Department.

On 4/17/2023 the Executive Director provided training to the leadership team the need to place staff persons on

15c - Supervision (continued)

suspension or develop and implement a plan of supervision when there is a report of suspected abuse of a resident and submit it to the Department.

As of 4/14/2023 and daily, the Executive Director and/or designee review any allegations of suspected abuse to verify the reporting process was followed and the involved staff person(s) have been placed on suspension or a plan of supervision developed, implemented and submitted to the Department.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance Improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to verify the violation does not occur again.

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

Implemented (█ - 05/01/2023)

15d Resident Abuse Notification

4. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On █ 2023], the home received a report of suspected abuse involving resident 1. The home did not notify Resident 1 or Resident 1's Power of attorney.

Plan of Correction

Accept (█ 04/18/2023)

On █/2023, the Staff Person C informed Resident 1 and the resident's designated person regarding the report of suspected abuse.

On 4/14/2023, the interim Executive Director reviewed all reportable incidents of report of suspected abuse or neglect since January 2023, to verify the resident and the resident's designated person of a resident has been notified. On 4/11/2023 the Director of Operations reviewed with the interim Executive Director, as Staff Person C is no longer employed at the facility, the need to immediately notify the resident and the resident's designated person upon receiving a report of suspected abuse or neglect of a resident.

On 4/17/2023, the interim Executive Director provided training to the community's leadership team regarding the need to immediately notify the resident and the resident's designated person upon receiving a report of suspected abuse or neglect of a resident.

As of 4/14/2023 and daily, the Executive Director and/or designee review any allegations of suspected abuse or neglect to verify the resident and the resident's designated person are notified upon receiving a report of suspected abuse or neglect of a resident.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance Improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to verify the violation does not occur again.

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

Implemented (█ 05/01/2023)

16c - Written Incident Report

5. 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] 2023, Staff Person A witnessed Staff Person B smack Resident 1 on their hands and legs. The incident was reported to the Staff Person C on [REDACTED] /2023. The home did not report this incident to the department until [REDACTED] /2023.

Plan of Correction

Accept [REDACTED] - 04/18/2023)

On [REDACTED] /2023, the incident was reported to the Department of Human Services by Staff Person C.

On 4/14/2023, the interim Executive Director discussed resident event with the leadership team, and reviewed all reportable incidents since January to confirm that no additional reports should have been reported to the Department of Human Services.

On 4/11/2023 the Director of Operations reviewed the need for timely reporting with the interim Executive Director, as Staff Person C is no longer employed at the facility.

On 4/17/2023, the interim Executive Director provided training to the leadership team regarding the need to report suspected abuse of residents to the Department of Human Services.

As of 4/14/2023 and daily, the Executive Director and/or designee review any allegations of suspected abuse to verify reports were submitted to the Department of Human Services.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to verify the violation does not occur again.

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

Implemented [REDACTED] - 05/01/2023)

42b - Abuse

6. 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] /2023, Staff Person A was seen by Staff Person B during providing care for Resident 1 smacking their hands and legs forcing them to open their legs. Staff Person B also forced their hands off the hoier lift straps by grabbing them and letting them go forcefully on the Resident's stomach area. Staff Person B stated that it was clear that Resident 1 was uncomfortable with the care being provided by Staff Person A but was unable to vocalize their objections to the care.

Plan of Correction

Accept [REDACTED] - 04/18/2023)

On [REDACTED] 2023, Staff Person C reported the incident to the Department of Human Services and Staff Person B was placed on administrative leave during the investigation.

On 3/24/2023 at the conclusion of the investigation, Staff Person B was terminated.

On 4/13/2023, the Care Coordinators met with their respective Department staff to discuss an open-door policy,

42b - Abuse (continued)

resident care concerns and determine if there are any other instances of suspected abuse that have not been reported. No additional reports were made.

By 4/30/2023, the Executive Director conducted training with direct care staff persons regarding appropriate approach when providing care to residents with memory impairment which included assistance with mobility and communication of needs.

As of 4/13/2023, the Care Coordinators hold monthly departmental meetings for direct care staff to have opportunity to discuss resident care and request and/or be provided with resident care specific training.

Starting 4/27/2023 and for the next three months, periodic observations of direct care staff during the provision of care to residents will be conducted by the Care Coordinators to monitor direct care staff and resident interactions.

On 4/27/2023 and for the next three months, the POC and monitoring results are reviewed and evaluated by the Executive Director and leadership team at the monthly Quality Management (Quality Assurance and Performance Improvement) meeting to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 05/01/2023)