



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: *01/04/1999* Issued By: *Dept of L&I*
Type: *I-1* Date: *12/19/2018* Issued By: *West Whiteland Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident, Monitoring* Exit Conference Date: *05/11/2023*

Inspection Dates and Department Representative

05/10/2023 - On-Site: [REDACTED]
05/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *39* Residents Served: *20*

Hospice

Current Residents: *12*

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: *28* Have Physical Disability: *0*

Inspections / Reviews

05/10/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2023*

06/07/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/29/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2023*

07/10/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *06/29/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 5/10/23, Boiler 372312B did not have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry

Plan of Correction

Accept [redacted] - 06/07/2023)

On 5/26/23, the Maintenance Coordinator (MC) resent the required paperwork to the state boiler division for the reinspection to be scheduled after a recent boiler repair. The boiler was to be reinspected and passed on 5/31/23.

On 5/10/23, the MC checked all other boilers at the community and confirmed they were operating correctly and had a valid inspection.

Starting on 5/10/23, the MC will follow the set preventative maintenance schedule for boiler, and the Executive Director will monitor to ensure this is completed to ensure the boiler is in good repair at time of annual inspection.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 06/15/2023

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

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged on [redacted]/23. The home did not issue a refund until 5/2/23.

Plan of Correction

Accept [redacted] - 06/07/2023)

On 4/22/23, the Business Office Coordinator (BOC) requested a refund check to be issued for Resident 1.

On 5/2/23, the personal care home's central billing office issued a refund to Resident 1.

On 5/19/23, the BOC conducted an audit of all residents who left the personal care home since 1/1/23 to ensure all residents were issued a refund.

On 5/19/23, the Executive Director provided training to the BOC on the requirement for refunds to be issued within 30 days of a resident leaving the personal care home.

Starting on 5/19/23, the BOC will run billing reports on a weekly basis to ensure refunds were processed for any residents who have left the personal care home within the past thirty days.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

28f - Resident's Funds and 30-day Refund (continued)

Licensee's Proposed Overall Completion Date: 06/15/2023

Not Implemented (████) - 07/10/2023)

42b - Abuse

3. 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 4/23/23 around 10:20PM, staff member A heard crying and yelling coming from resident 2's bedroom. When staff member A arrived at resident 2's bedroom, they witnessed staff member B and resident 2 yelling at each other. Staff member A took resident 2 aside, where resident 2 reported that staff member B had scratched their arm. Resident 2 had a skin tear on their arm and resident was visibly upset. Staff member B stated that resident became aggressive during bedtime care, however per staff reports, resident has not displayed aggression in the past and usually has no trouble going to bed. The next day, 4/24/23, during a follow up skin assessment, it was noted that Resident 2 had developed bruising on both hands and arms.

Repeated Violation- 3/13/23 et al

Plan of Correction

Accept (████) - 06/07/2023)

On 4/23/23, staff person A ensured resident 2 was removed from the situation and provided reassurance. Staff person B was removed from the area and left the personal care home immediately.

On 4/24/23, the Resident Care Director assessed all other residents who had been cared for by staff person (agency staff member) B, with no additional concerns noted.

On 4/24/23, the Executive Director informed staffing agency that staff member B, who was an agency staff member, was no longer permitted to return to the personal care home.

On 5/9/23, the Executive Director, Personal Care Coordinator (PCC), and Reminiscence Coordinator (RC) conducted a training on validating emotions and interventions in residents at monthly townhall meeting and for care staff.

Starting on 4/24/23, the PCC and RC will conduct periodic observations of direct care staff during care of residents to monitor the provision of care as well as interactions with the residents.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 06/15/2023

Not Implemented (████) - 07/10/2023)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/11/23 at 10:40AM the temperature in the walk in freezer was 6 degrees Fahrenheit and at 10:55AM it was

103f - Refrigerator/Freezer Temps (continued)

12 degrees Fahrenheit.

Plan of Correction

Accept (████) - 06/07/2023)

On 5/11/23, the Maintenance Coordinator immediately contacted a vendor to service the commercial freezer.

Repairs were made to get temperature within allotted range, and the temperature returned to zero degrees.

On 5/11/23, the Dining Services Coordinator (DSC) checked the other refrigeration and freezer units in the kitchen to ensure they were at proper temperature.

On 05/15/23, the DSC provided training to the kitchen staff on monitoring of kitchen equipment to ensure proper temperatures were maintained.

Starting on 6/1/23, the DSC and/or designee will complete daily temperature logs for the commercial freezer to ensure proper temperature is being maintained.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (████) - 07/10/2023)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were not submitted annually to the local emergency management agency in 2022.

Plan of Correction

Accept (████) - 06/07/2023)

On 1/27/23, the former Executive Director (ED) had submitted the annual review of the personal care home's emergency procedures to West Whiteland Township for 2022.

On 6/5/23, the current ED will submit an annual review of the personal care home's emergency procedures to West Whiteland Township for 2023.

On 5/29/23, the ED placed a calendar reminder to ensure that the emergency procedure plan is reviewed, updated and submitted annually to the West Whiteland Township.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (████) - 07/10/2023)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 is prescribed Oxycodone take 1 tablet by mouth every 4 hours as needed. Resident 3's medication administration record does not include the initials of the staff person who administered this medication on 5/6/23 at 3PM and 5/10/23 at 10PM.

Plan of Correction

Accept [REDACTED] - 06/07/2023)

On 5/11/23, the Resident Care Director (RCD) verified with staff person that the medication was administered for resident 3 as was noted on the narcotic declining balance sheet.

On 6/2/23, the RCD documented a progress note in resident 3's medical file noting the administration of the medication.

On 6/13/23 the RCD conducted a training with medication care managers on proper means to document administration of a medication in the electronic Medication Administration Record (eMAR) as well as the need for both medication care managers to review the eMAR system at the end of the shift.

Starting on 6/2/23, the RCD and/or designee will review the eMAR system daily to ensure all medication administration documentation has been completed within the past twenty-four hours.

Starting on 6/15/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 07/10/2023)