

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

March 19, 2024

[REDACTED]  
AL ONE PA INVESTMENTS OPCO LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2024 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: *04/06/2024*  
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: *I-1* Date: *12/19/2018* Issued By: *West Whiteland Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *02/08/2024*

**Inspection Dates and Department Representative**

02/05/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *106* Residents Served: *44*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Dementia Unit* Capacity: *39* Residents Served: *16*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *44* Have Physical Disability: *0*

**Inspections / Reviews**

**02/05/2024 - Partial**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2024*

Inspections / Reviews *(continued)*

03/19/2024 - POC Submission

Submitted By: [REDACTED]	Date Submitted: 03/19/2024
Reviewer: [REDACTED]	Follow-Up Type: <i>Bypass Document Submission</i>

03/19/2024 - Bypass Document Submission

Submitted By: [REDACTED]	Date Submitted: 03/19/2024
Reviewer: [REDACTED]	Follow-Up Type: <i>Not Required</i>

## 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], an incident report was submitted for resident [REDACTED] stating money was missing. However, the incident report did not include the date of the incident.

On [REDACTED], residents [REDACTED] and [REDACTED] reported money was missing from their rooms. The home did not report these incidents to the Department until [REDACTED].

## Plan of Correction

Accept [REDACTED] 03/19/2024)

The Sunrise Executive Director reviewed the regulations regarding the proper procedure of reporting an incident within 24 hours to the Department.

On [REDACTED] The Sunrise Executive Director reviewed the last three months of incidents to ensure that all were reported timely.

On [REDACTED] the Sunrise Executive Director and ongoing, the Morningside House of Exton Executive Director will monitor incidents that need to be submitted within 24 hour timeframe to ensure the community remains compliant.

On [REDACTED] and ongoing, This Plan of Correction will be discussed and evaluated monthly for three months by the Executive Director and Coordinators at the Quality Management meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 03/19/2024)

## 42x - Safeguard

## 2. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

## Description of Violation

Residents [REDACTED], and [REDACTED] had an incidents of missing money. The home does not provide a system for safeguarding the resident's money and property.

## Plan of Correction

Accept [REDACTED] 03/19/2024)

On [REDACTED] safes were ordered and offered for the community for each resident to secure funds.

On [REDACTED] Sunrise Executive Director spoke with each resident offering safeguarding options in their room and documented in Point Click Care.

**42x - Safeguard (continued)**

Starting on [REDACTED] and ongoing new residents moving into the community will be offered a safe for additional safeguarding.

On [REDACTED] Sunrise Executive Director conducted a training for all staff on residents rights to safeguarding.

On [REDACTED] and ongoing, This Plan of Correction will be discussed and evaluated monthly for three months by the Executive Director and Coordinators at the Quality Management meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 03/19/2024)

**141a 1-10 Medical Evaluation Information****3. 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.

**Description of Violation**

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

**Plan of Correction**

Accept [REDACTED] - 03/19/2024)

On [REDACTED], Sunrise Executive Director reviewed with surveyor that the DME states this section as "not applicable"; therefore, discussing how the citation should not occur. Resident Care Director reviewed DME with PCP and agreed that section 3 should be labelled at N/A.

On [REDACTED], Health & Wellness Director audited all DMEs to ensure compliance with all pertinent medical information.

On [REDACTED] Resident Care Director received training on what needs to be completed and a part of the DME.

141a 1-10 Medical Evaluation Information (continued)

On [redacted] and ongoing, This Plan of Correction will be discussed and evaluated monthly for three months by the Executive Director and Coordinators at the Quality Management meeting to verify it is still effective If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 03/19/2024)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] 03/19/2024)

On [redacted] Health & Wellness Director review support plan with resident [redacted] and obtained a signature. Resident [redacted] went to the hospital on [redacted] and never returned to the community and moved out on [redacted] therefore, signature could not be obtained and reviewed with resident [redacted]

On [redacted] Health & Wellness Director audited all support plans for signatures and found no additional concerns. Moving forward, all residents who participate in the development of their support plan will sign and date their support plan.

On [redacted], Health & Wellness Director received training on support plan signatures to ensure compliance.

On [redacted] and ongoing, This Plan of Correction will be discussed and evaluated monthly for three months by the Executive Director and Coordinators at the Quality Management meeting to verify it is still effective If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] 03/19/2024)

## 252 - Record Content

**5. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

Resident [REDACTED] record does not include a record of incident reports for the individual resident.

Resident [REDACTED] record does not include the individual resident's social security number.

Resident [REDACTED] record does not include the individual resident's social security number or race.

**252 - Record Content (continued)****Plan of Correction****Accept** [REDACTED] - 03/19/2024)

On [REDACTED] Sunrise Executive Director provided the resident file to the surveyor and put the incident report in question on the top of the file for reference for the surveyor; therefore, it was not in the record. Health & Wellness Director updated Resident [REDACTED] record. Resident [REDACTED] records was not updated due to her going out to the hospital on [REDACTED] and not returning to the community and moved out on [REDACTED] prior to inspection.

On [REDACTED] Health & Wellness Director audited all resident records to ensure all incident reports and social security numbers were included.

On [REDACTED] Health & Wellness Director received training on resident records to ensure compliance.

On [REDACTED] and ongoing, This Plan of Correction will be discussed and evaluated monthly for three months by the Executive Director and Coordinators at the Quality Management meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

**Implemented** [REDACTED] - 03/19/2024)