

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

March 20, 2024

[REDACTED]  
AL ONE PA INVESTMENTS OPCO LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

RE: SUNRISE OF WESTTOWN  
1045 WILMINGTON PIKE  
WEST CHESTER, PA, 19382  
LICENSE/COC#: 14494

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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 WESTTOWN* License #: *14494* License Expiration: *01/01/2025*  
 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *02/21/2024*

**Inspection Dates and Department Representative**

02/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *110* Residents Served: *59*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *17*

**Hospice**  
 Current Residents: *NM*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *0*

**Inspections / Reviews**

**02/21/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2024*

**03/08/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/18/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/18/2024*

Inspections / Reviews *(continued)*

03/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] every 6 hours for [REDACTED] or [REDACTED]. However, resident [REDACTED] was administered [REDACTED] on [REDACTED] at [REDACTED], and [REDACTED] and on [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 03/08/2024)

On [REDACTED] Resident Care Director immediately verified that the orders are accurate in the EMAR system. Prescribing physician was notified of times medications were administered.

On [REDACTED], Resident Care Director conducted a medication audit for all residents in the community with both prescribed PRN and standing orders for the same medication to ensure that the directions of the prescriber are followed.

On [REDACTED] & [REDACTED] Resident Care Director initiated a re-training for wellness staff (nurses and medication technicians) on following the directions of the prescriber when administering medication to the residents.

Effective [REDACTED], This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) 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.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/20/2024)

227c - Support Plan Revision

2. Requirements

2600.  
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [REDACTED] DME was completed on [REDACTED] indicates client Mobility Needs as Total – Resident requires total physical or oral assistance to evacuate in an emergency from one or more staff persons. Resident [REDACTED] most recent support plan dated [REDACTED] indicates that resident needs moderate assistance to evacuate in an emergency. Support plan was not updated to accurately reflect the resident's care needs.

Plan of Correction

Accept [REDACTED] 03/08/2024)

On [REDACTED] Resident Care Director immediately updated Resident [REDACTED] support plan to accurately indicate the resident's needs including total physical assistance to evacuate in an emergency.

On [REDACTED] & [REDACTED], Resident Care Director conducted an audit for the DMEs for all active residents to be reviewed and compared to the residents' support plans to ensure accurately reflecting the residents care needs and

227c - Support Plan Revision (continued)

compare them to the annual assessment or the most recent change in residents' needs to ensure that the service plan is revised within 30 days. Any resident's service plan identified as not reflecting the accurate care needs of the resident, were updated immediately.

On [REDACTED] Executive Director conducted a re-training for Care Coordinators, Resident Care Director, and Wellness nurse on revising support plan within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

A quarterly audit of the DMEs for all active residents will be performed and the DMEs will be reviewed and compared to the residents' support plans to ensure accurately reflecting the residents care needs.

Effective [REDACTED], This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) 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.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/20/2024)