

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

December 30, 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 11/06/2024, 11/07/2024 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: *12/07/2024*  
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: *1 1* Date: *12/19/2018* Issued By: *West Whiteland Twp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Provisional* Exit Conference Date: *11/07/2024*

**Inspection Dates and Department Representative**

11/06/2024 On Site: [Redacted]  
11/07/2024 On Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>106</i>	Residents Served:	<i>47</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>Memory Care Unit</i>
Capacity:	<i>39</i>	Residents Served:	<i>17</i>
Hospice			
Current Residents:	<i>11</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>47</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>38</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

11/06/2024 - Full  
Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *12/12/2024*

Inspections / Reviews *(continued)*

12/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/26/2024

12/30/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA HOUSE BILL 1785 Session of No. 2015

AN ACT Requiring the preparation and publication of information relating to the influenza vaccine for individuals residing in assisted living residences and personal care homes; and imposing duties on the Department of Health and the Department of Human Services. EACH FACILITY SHALL ENSURE that the required influenza information is posted in a public place in the facility

On [REDACTED] there was no Influenza Awareness Act posted in a public and conspicuous place in the residence. Personal Care Homes must post the required influenza information in a public place in the residence year-round.

Plan of Correction

Accept [REDACTED] - 12/20/2024)

With respect to Influenza Awareness Act posting. Poster was temporarily relocated during on-going renovation project. Poster was returned to conspicuous location immediately. Director of Plant Maintenance will conduct monthly visual audit beginning 12/1/24 for 6 months to ensure influenza information is posted as required. Executive Director trained Plant Maintenance Director and staff regarding federal, state and local laws, ordinances and regulations. Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 12/30/2024)

41c - Rights Poster

3. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 12/20/2024)

With respect to Residents Rights posting. Poster was temporarily relocated during on-going renovation project. Poster was returned to conspicuous location immediately. The Director of Plant Maintenance will conduct monthly visual audit beginning 12/1/24 for 6 months to ensure residents rights are posted as required. Executive Director trained Plant Maintenance Director and staff regarding federal, state and local laws, ordinances

41c - Rights Poster (continued)

and regulations.

Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [redacted] - 12/30/2024)

44g - Telephone Number

4. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP), the local law enforcement agency, the Commonwealth Information Center, and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 12/20/2024)

With respect to the telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the agency on aging. Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and personal care home complaint hotline posting. Poster was temporarily relocated during on-going renovation project. Poster was returned to conspicuous location immediately.

Director of Plant Maintenance will conduct monthly visual audit beginning 12/1/24 for 6 months to ensure the telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the agency on aging. Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and personal care home complaint hotline are posted as required. Executive Director trained Plant Maintenance Director and staff regarding federal, state and local laws, ordinances and regulations.

Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [redacted] - 12/30/2024)

66b - Training Plan Content

5. Requirements

2600.

66b Training Plan Content (continued)

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home’s direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
  1. The name, position and duties of each direct care staff person.
  2. The required training courses for each staff person.
  3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

*The home's staff training plan does not include the name, position, and duties of each direct care staff person and the dates of the scheduled training for each staff person for the upcoming year.*

**Plan of Correction**

**Accept** [redacted] - 12/20/2024)

*With respect to the specific situation cited. The training plan was immediately updated to include date, and staff who are required to complete the training.*

*The Executive Director will audit the training plan annually to ensure all required elements are included in the training plan.*

*Regional Director of Operations educated Executive Director on the required elements of the annual training plan. Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.*

**Licensee's Proposed Overall Completion Date: 12/12/2024**

**Implemented** [redacted] - 12/30/2024)

95 - Furniture and Equipment

**6. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*On [redacted], electric outlets through the 1st and 2nd floors are uncovered, exposing the electrical wires. Additionally, there are wall lamps exposing the lightbulb and the electric wire on the 2nd floor. A smoke detector is covered in plastic on the 2nd floor. According to the staff interviews, painting and remodeling on the 2nd floor was terminated three weeks ago.*

**Plan of Correction**

**Accept** [redacted] - 12/20/2024)

*Due to the ongoing renovation the painters removed the electric outlet covers through the 1st and 2nd floors. They also covered the smoke detector on the second floor and removed the wall sconces. The painting company returned and replaced all electrical outlet covers. The electric company replaced all wall sconces and smoke alarm covers. All issues have been rectified.*

*Director of Plant Maintenance will conduct monthly visual audit beginning 12/1/24 for 6 months to ensure all electrical outlets are covered, smoke detector is not covered with plastic, and all wall sconces are intact.*

*The Executive Director provided training to the Plant Maintenance Director and staff about the condition of the furniture and Equipment.*

*Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.*

95 Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 12/30/2024)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menu for the week of [REDACTED], to [REDACTED], or the week after was not prominently displayed in the memory care unit or in a public and conspicuous place throughout the home.

Plan of Correction

Accept [REDACTED] - 12/20/2024)

With respect to menu posting. Menu Posting was temporarily relocated during on going renovation project. Poster was returned to conspicuous location immediately.

The Dining Services Director will conduct monthly visual audit beginning 12/1/24 for 6 months to ensure menus are posted 1 week in advance in Memory Care and in a conspicuous place in the home.

Executive Director trained Dining Services Director and staff regarding menu posting regulation.

Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 12/30/2024)

181d -Storing Medication

8. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [REDACTED] self administers medications and stores medication in [REDACTED] room. On [REDACTED] here were in an open drawer several unlocked, unattended medications to include [REDACTED] tabs, 1 by mouth once daily; [REDACTED] capsules, 1 by mouth at bedtime; and [REDACTED]g, one spoonful by mouth once daily in resident [REDACTED] bedroom. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage, and theft.

Plan of Correction

Accept [REDACTED] - 12/20/2024)

A lockbox was provided for Resident [REDACTED] to lock up [REDACTED] medication. Medication will remain in lockbox inside

181d -Storing Medication (continued)

resident's room to protect against contamination, spillage, and theft.

The Director of Health & Wellness will conduct a community-wide audit by 1/1/25 of all self-medicators to ensure medication is properly secured.

The Regional Director of Health & Wellness will conduct training on medication storage to all Nurses and Medication Technicians by 12/30/24.

Beginning 1/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

186c - Change in Medications

9. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [redacted], [redacted], take two tablets by mouth twice a day as directed, is prescribed for resident [redacted]. However, the narcotics sheet directions read [redacted]; take one tablet by mouth twice a day for [redacted]. The home had not updated the order from the authorized prescriber for the change.

Plan of Correction

Accept [redacted] - 12/20/2024)

The change in medication for Resident [redacted] was corrected on the narcotics sheet to reflect the updated directions from the prescriber. Town Center Pharmacy was made aware as well that Change in Direction Stickers cannot be used.

The Director of Health & Wellness will conduct a community-wide audit by 1/1/25 of all medication changes.

The Regional Director of Health & Wellness will conduct training on changes in medication to all Nurses and Medication Technicians by 1/1/25.

Beginning 2/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 01/01/2025

Implemented [redacted] - 12/30/2024)

227h - Support Plan Refuse Sign

10. 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.

227h Support Plan Refuse Sign (continued)

**Description of Violation**

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

**Plan of Correction**

Accept ([redacted] - 12/20/2024)

Residents' inability or refusal to sign support plan was noted for both resident [redacted] and [redacted]. The Director of Health & Wellness will conduct a community wide audit by 12/30/24 of all support plans for required signatures or indication of resident's inability or refusal to sign.

The Executive Director of Health & Wellness will conduct training on support plan signature requirements to all Nurses and Medication Technicians by 1/1/25.

Beginning 2/1/25 POC monitoring results will be discussed/ evaluated by ED and department directors at monthly quality management meeting to verify effectiveness.

Licensee's Proposed Overall Completion Date: 01/01/2025

Implemented ([redacted] - 12/30/2024)