

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

April 4, 2025

[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 02/13/2025 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: *01/01/2026*
 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

Type: *C-2 LP* Date: *11/10/1999* Issued By: *Commonwealth of PA - L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *02/14/2025*

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care Unit* Capacity: *25* Residents Served: *21*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *42* Have Physical Disability: *0*

Inspections / Reviews

02/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2025*

03/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/03/2025*

Inspections / Reviews *(continued)*

04/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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], between 3:45 pm and 3:50 pm, resident [REDACTED] was being escorted to their bedroom by staff person A. The resident was coming from the memory care unit social hour. While resident [REDACTED] was walking to their bedroom resident [REDACTED] walked passed resident [REDACTED] and staff person A. Then suddenly resident [REDACTED] turned around and ran toward resident [REDACTED] and shoved resident [REDACTED] aggressively from behind. Resident [REDACTED] fell onto the laminate floor hitting their face sustaining a cut to their left eyebrow and causing their nose to bleed. This incident was witnessed by multiple staff. Staff persons A and B separated the residents immediately. Staff person C escorted resident [REDACTED] to their bedroom. Staff person B advised staff person D of the incident. Staff person A helped resident [REDACTED] up from the floor and into a chair. Staff person D assessed both residents. Staff person D called EMS and the family of the residents. Resident [REDACTED] was transported to Paoli Hospital for further evaluation. Resident [REDACTED] was transported to Chester County Hospital for a change in mental status and a psych evaluation. Based on the progress notes, resident [REDACTED] has a cut on their eyebrow and a [REDACTED] [REDACTED] with a [REDACTED] on the [REDACTED]. Per the case manager from Paoli Hospital resident 1 underwent a procedure to relieve the pressure from the [REDACTED]. Both residents remain in the hospital.

Plan of Correction

Accept ([REDACTED] - 03/24/2025)

On [REDACTED] Resident [REDACTED] was tended to by staff members while awaiting EMS. Resident [REDACTED] was escorted to his room. Resident [REDACTED] was sent to Chester County Hospital and community requested an inpatient psych evaluation.

On [REDACTED] Resident [REDACTED] was issued a written 30-day discharge notice citing danger to self or others. Resident did not return to community.

On [REDACTED] the Interdisciplinary Team reviewed residents who may benefit from external psychiatric support and made appropriate referrals. IDT meetings will continue to be held routinely to discuss resident's needs, and if applicable, identify appropriate interventions.

On [REDACTED] the Reminiscence Coordinator trained team members on de-escalation techniques using Penn Temple Long Term Care Rise material.

On [REDACTED] Executive Director and Resident Care Director trained team members on responding to medical emergencies at monthly Town Hall Meeting.

On [REDACTED] and ongoing, 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.

42b Abuse (*continued*)

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented ([REDACTED] 04/04/2025)