

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

April 30, 2025

[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 03/03/2025 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 EXTON* License #: *14489* License Expiration: *02/10/2026*  
 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: *Whiteland Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/03/2025*

**Inspection Dates and Department Representative**

*03/03/2025 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *106* Residents Served: *35*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Care* Capacity: *39* Residents Served: *11*

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

**03/03/2025 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2025*

**03/26/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/18/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2025*

Inspections / Reviews *(continued)*

04/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/19/2025

04/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], from 3:00 pm to 10:45 pm, [redacted], from 3:00 pm to [redacted] at 6:45 am, and [redacted], from 11:15 pm to [redacted] at 6:45 am, 35 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 03/26/2025)

It is important for the safety and overall health of our residents that we ensure we have CPR certified staff working on each shift. On 3/7/2025, the Executive Director, Director of Health and Wellness, Wellness Coordinator, and Memory Care Director reviewed staffing levels and CPR requirements. The current staffing schedule was reviewed and updated to include staff with CPR certification. The Executive Director will review staffing levels/CPR certified staff with the team every day at morning Stand Up to ensure appropriate staffing levels are in place. An additional CPR training class has been set up for 4/3/2025

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [redacted] 04/30/2025)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and, telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 04/01/2025)

It is important that all staff be provided with the proper training required to safely care for our residents prior to working on the floor. On 3/12/25, Regional Director of Operations, [redacted], PCHA, CALA, provided education on Orientation requirements to the directors responsible for providing the required trainings. This includes: The Director of Plant operations, Director of Health and Wellness, Director of Memory Care, Wellness Coordinator and

65a - FS Orientation 1st Day (continued)

Executive Director. On 3/3/2025, staff person A received orientation on general fire safety and emergency preparedness. The community hired an Employee Relations and Administration Coordinator (ERAC), who started on 3/10/2025. This position will be responsible for the oversight of new hires and ensure that all new employees receive the training required by DHS at New Employee Orientation. On 3/18/2025, a full employee file audit was complete by the ERAC to ensure that all employees received orientation. All missing items have been corrected, and a follow up audit of all current employees will be done by 4/4/25 to ensure compliance. A New Hire Orientation Checklist will be completed and kept on file for all new employees. This audit will be completed by the ERAC within 1 week after each Orientation Class. The Executive director will complete random employee file audits to monitor for ongoing compliance. All audits will be reviewed at each monthly QAPI meeting beginning on 4/17/2025.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] 04/30/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and, resident rights during training year 2024.

Plan of Correction

Accept [redacted] - 04/01/2025)

It is important for all staff to remain in compliance with the required annual training requirements including fire safety, emergency preparedness procedures, resident rights, the older adult protective services act, falls and accident prevention, and new population groups being served in the home (if applicable). On 3/20/2025 staff person B received fire safety training from [redacted], fire safety expert. The community hired an Employee relations and Administration Coordinator (ERAC) who started on 3/10/2025. This position is responsible for the oversight of ensuring staff complete the annual trainings as assigned. An annual training audit was created and implemented for the ERAC to complete, and will be reviewed at QAPI on 4/17/25. Along with RELIAS online training, a monthly mandatory staff training will be conducted by the Executive Director or designee.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 04/30/2025)

82c - Locking Poisonous Materials

4. Requirements

82c - Locking Poisonous Materials (continued)

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate toothpaste, with a manufacturer's label indicating "If more than used for brushing is swallowed get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home, including resident 1, have been assessed capable of recognizing and using poisons safely.

Colgate toothpaste, with a manufacturer's label indicating "If more than used for brushing is swallowed get medical help or contact a Poison Control Center right away", Vaseline, with a manufacturer's label indicating "If swallowed get medical help or contact a Poison Control Center right away", and, Listerine Mouthwash with a manufacturer's label indicating "If more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home, including resident 2, have been assessed capable of recognizing and using poisons safely.

Shea Hand Sanitizer, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the Memory Care Coordinator's office. Not all the residents of the home, including residents [REDACTED] and [REDACTED] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] 03/26/2025)

The Regional Director of Operations, [REDACTED], PCHA, CALA, conducted a training on poisonous materials for the Executive Director, Director of Health and Wellness, and Memory Care Director on 3/19/2025. The Directors then provide training to all staff on each shift on 3/20/2025. A new audit tool was created to ensure that staff receive on the spot immediate re-education of any poisonous items that are left out after use. After an initial on the spot retraining is provided with an employee, should any items be left out again, the employee will receive immediate corrective action, up and including termination. The Director of Memory Care will complete random daily checks for poisonous materials for. These checks will be documented and reviewed monthly by the Executive Director during QAPI, beginning 4/17/2025, to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 04/30/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:45 am, a used disposable glove was on the bathroom floor, and a bag of trash was on the floor inside the entrance door of room [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/26/2025)

It is important for the safety and wellbeing of our residents that individual rooms and common areas are sanitary. On 3/20/025, Executive Director, [REDACTED], PCHA, in serviced direct care staff and housekeeping on proper protocol and regulations regarding trash and sanitation. An audit was created and implemented on 3/7/2025. The

85a Sanitary Conditions (continued)

Director of Panot Operations/designee will be responsible for completing this audit weekly for 6 weeks, bi weekly for 6 weeks, and monthly for 6 months. These audits will be reviewed monthly at QAPI by the Executive Director, beginning 4/17/2025 to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [redacted] - 04/30/2025)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were unlabeled, undated and uncovered bananas on a tray, and an unlabeled, undated partially melted and re frozen bowl of ice cream in the Memory Care freezer.

Plan of Correction

Accept [redacted] - 03/26/2025)

It is important for the safety of our residents that all food is labeled, dated and covered. On 3/6/2025, the Executive Director, [redacted] PCHA, in serviced the Director of Dining Services and the Director of Memory Care on proper protocol and regulations for labeling and dating food. An audit was created and implemented on 3/6/2025. The Director of Memory Care/designee, will be responsible for completing this audit daily for 4 weeks, weekly for 6 weeks, bi weekly for 6 weeks and monthly for 6 months. These audits will be reviewed monthly at QAPI by the Executive Director, beginning 3/13/25, to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [redacted] 04/30/2025)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] sus 1200/1s, prescribed for individual 1, was in the home's medication cart; however, the medication is not listed on resident [redacted] current medication orders.

On [redacted], [redacted] suppositories prescribed for individual 1, was in the home's medication cart; however, resident [redacted] no longer resides in the home.

Plan of Correction

Accept [redacted] - 04/01/2025)

It is important for the safety and health of our residents that medication carts are organized and only contain current medications. On 3/3/2025 an immediate med cart audit was completed by Director of Health and Wellness, [redacted] and any medications that were not current were removed off the cart. On 3/4/2025, Regional Director of Health and Wellness, [redacted], cleaned out and organized all med carts. From 3/31 4/4/25, all staff who administer medications were re educated by Regional Director of Health and Wellness, [redacted] LPN, on the disposal of medications and the importance of only having current medications on the cart. On 3/19/2025 the Director of Health and Wellness and Director of Memory Care conducted audits on all medication carts. The

183d - Prescription Current (continued)

director of health and wellness and director of memory care/ or designee will complete weekly audits of the medication carts, the MAR, and prescription orders, beginning 3/19/25. The audits will be completed weekly for 6 weeks, biweekly for 6 weeks, and monthly for 6 months. These audits will be reviewed at the monthly QAPI meetings by the Executive director, beginning 4/17/2025 to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 04/30/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

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

Description of Violation

Resident [redacted] was prescribed [redacted], 2 times a day for 5 days, beginning [redacted]. This medication was documented in resident [redacted] medication administration record as administered on the following dates and times: [redacted] at 8:30 pm; [redacted] at 10:06 am and 8:42 pm; [redacted] at 9:44 am and 8:19 pm; [redacted] at 9:50 am and 8:32 pm; [redacted] at 8:21 am and 6:10 pm; and [redacted] at 8:36 am. Ten tablets were dispensed by the pharmacy, however, on [redacted] at 3:40 pm, there was still one tablet left in the bubble pack, therefore, medication was documented as administered on one occasion that it was not.

Plan of Correction

Accept [redacted] - 04/01/2025)

It is important for the safety and health of our residents that medications are recorded at the time the medication is administered. On 3/4/2025, immediate training was given to on shift medication technicians by the Director or Health and Wellness, [redacted], LPN, on documenting the administration of medications into the EMAR after each resident receives their medication. From 3/31-4/4/25, all staff who administer medications were trained by Regional Director of Health and Wellness, [redacted] LPN, on the importance of recording medication administration at the time of administration. The Director of Health and Wellness and Director of Memory care, or designee will complete weekly audits of the medication carts, the MAR, and prescription orders. The audits began 3/19/25, and will be completed weekly for 6 weeks, bi-weekly for 6 weeks, and monthly for 6 months. These audits will be reviewed at the monthly QAPI meetings by the Executive Director, beginning 4/17/2025 to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] 04/30/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [redacted] was prescribed [redacted], 2 times a day for 5 days, beginning [redacted]. The first date and time of administration was [redacted] at 8:30 pm. Ten tablets were dispensed by the pharmacy. Based on the initial administration of this medication, the last date of medication administration for [redacted] tablet would have been [redacted] in the morning. However, on [redacted] at 3:40 pm, there was still one tablet left in the bubble pack.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (████) 04/01/2025)

It is important for the health of our residents that prescription orders are followed at all times. On 3/4/2025 Regional Health and Wellness Director, ██████████, trained the Director of Memory Care, Director of Health and Wellness, and Executive Director, on proper medication administrations and following orders. From 3/31-4/4/25, all staff who administer medications were trained by Regional Director of Health and Wellness, ██████████ LPN, on the importance of following the prescribers orders at all times. The Regional Director of Health and Wellness trained the DHW and MCD on how to complete the audits being implemented. The Director of Health and Wellness and Director of Memory care, or designee will complete weekly audits of the medication carts, the MAR, and prescription orders. The audits began 3/19/25, and will be completed weekly for 6 weeks, bi-weekly for 6 weeks, and monthly for 6 months. These audits will be reviewed at the monthly QAPI meetings by the Executive Director, beginning 4/17/2025, to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (████) 04/30/2025)

227g -Support Plan Signatures

10. 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 █████ participated in the development of █████ support plan on █████. However, the resident did not sign the support plan.

Plan of Correction

Accept (████) - 04/01/2025)

It is important that all residents sign their updated RASP upon RASP completion. Resident 5 moved out of the facility on 1/17/2025. On 3/4/2025, The Executive Director, ██████████, re-educated the Director Of Health and Wellness, and Memory Care director that all RASP'S must be signed by the resident upon completion. On 3/21/2025, the Director of Health and Wellness and Executive Director completed audits for all current residents to ensure that the current RASP was completed with signatures and in the residents' chart. The regional director of health and wellness, ██████████, conducted a RASP training course with the director of Health and Wellness and Director of Memory Care on 3/20/2025. The director of health and wellness or designee will conduct random audits to ensure ongoing compliance. These audits will be reviewed each month by the Executive Director at QAPI, beginning 4/17/2025, to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (████) 04/30/2025)

231e - No Objection Statement

11. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident █████ was admitted to the Secure Dementia Care Unit (SDCU) on ██████████

231e No Objection Statement (continued)

. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

**Plan of Correction**

**Accept** [REDACTED] 03/26/2025)

All residents residing in the secured memory care units will be assessed annually for the need to remain in a secured unit. Unfortunately, the prior Executive Director did not put resident [REDACTED] memory support program acknowledgment form in her file. The acknowledgement form was found by the current Executive Director, [REDACTED], on 3/5/2025. The acknowledgement form was signed on 2/20/2025 by resident 2 and the POA. On 3/21/2025 the Memory Care Director and Executive Director reviewed all residents residing in the Secured dementia unit to ensure all assessments were completed and up to date. The Executive Director, as well as the Regional RDO and Regional DHW will conduct random audits to ensure these assessments are in compliance going forward. These audits will be reviewed each month by the Executive Director at QAPI, beginning 4/17/2025, to monitor for ongoing compliance.

**Licensee's Proposed Overall Completion Date:** 03/24/2025

**Implemented** [REDACTED] - 04/30/2025)