

Department of Human Services  
Bureau of Human Service Licensing

March 31, 2021

██████████ EXECUTIVE DIRECTOR  
AL ONE PA INVESTMENTS OPCO LLC  
500 N HURSTBOURNE PKWY,STE 200  
LOUISVILLE, KY 40222

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021, 03/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



Inspections / Reviews

03/09/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/29/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/05/2021*

3/31/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/9/21 The home did not have a copy of the current licensing inspection summary issued by the Department and a copy of this chapter(pink book) posted in a conspicuous and public place.

Plan of Correction

Accept

3/9/2021: The Executive Director took the current licensing inspection summary and the pink chapter book from the first open shelf on the Concierge's credenza and moved it to the top shelf of the Concierge's credenza.

3/9/2021 and on going: The Executive Director provided education for the Concierge team on ensuring the licensing inspection summary and the pink chapter book stay on the top shelf of the Concierge's credenza.

3/9/2021 and on going: The Executive Director & Concierge team will monitor daily to ensure current licensing inspection summary and the pink chapter book are in a conspicuous and public place.

4/2021 and ongoing: The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 03/09/2021

Document Submission

Implemented

Licensing binder is on the top of the Concierge's Credenza.

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 3/10/2021, there were no emergency telephone numbers on or by the telephones in bedrooms [redacted] and [redacted].

91 - Telephone Numbers (continued)

Plan of Correction

Accept

3/10/2021: The Emergency sticker was immediately place on teh phone of [redacted] and [redacted]

3/10/2021 – and on going: Executive Director and Activity Coordinator audited all rooms for emergency phone numbers and provided postings in their suite, if necessary.

3/10/2021 – and on going: Monthly, suite checks will be completed to ensure that all emergency telephone numbers are posted on or by each outside line.

3/10/2021 – and on going: The Executive Director and/or designee provided education to the team on ensuring emergency phone numbers are posted on or by each telephone with an outside line.

4/2021 – and on going: The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 03/10/2021

Document Submission

Implemented

Emergency phone numbers are posted in all resident rooms on cabinets.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:45am on 3/9/21, there was a rocking chair blocking the exit from the sun port on the opposite side of the smoking room.

121a - Unobstructed Egress (*continued*)**Plan of Correction****Accept**

3/9/21: *The Maintenance Coordinator removed the rocking chair blocking the exit from the sunporch.*

3/9/21 and ongoing: *The building was checked to ensure all egress routes were free of furniture, etc., and no issues were discovered.*

3/9/2021 and on going: *The Maintenance Coordinator, Executive Director and/or designee will do routine spot checks of all egress routes to the building, ensuring no obstructions.*

3/9/2021 and on going: *The Maintenance Coordinator, Executive Director and/or designee have provided education to the team on egress routes in the community.*

4/2021 and ongoing: *The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date** 03/10/2021

**Document Submission****Implemented**

*Rocking chairs are not blocking egress routes.*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

185.a. *The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.*

**Description of Violation**

*The Glucometer reading for Resident #1 on 3/4/21 at 10:17AM was 241 but was documented in the Medication Administration Record as 243.*

185a - Implement Storage Procedures *(continued)***Plan of Correction****Accept**

*3/9/2021: The Executive Director and Resident Care Director were notified of the difference in the glucometer reading and documented MAR. No further action could be taken at that time.*

*3/10/2021 and on going: Resident Care Director audited the past 30 days of glucometer readings and compared to the documentation on the MAR. No other discrepancies were found.*

*3/10/2021 and on going: The Resident Care Director and/or designee conducts a weekly review of the glucometers to ensure reading and MAR match.*

*3/10/2021 and on going: The Resident Care Director and/or designee has provided education on ensuring glucometer readings and documentation on the MAR match.*

*4/2021 and ongoing: The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** 03/10/2021

**Document Submission****Implemented**

*Wellness Meeting completed and training offered on POC.*

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*The medication administration record for resident #1 had the following readings that were not on [REDACTED] glucometer: 3/1/21 at 9am 108; 3/7/21 at 10pm 165; 3/8/21 at 9am 117. There were no other readings on the glucometer at those times. There are 2 other glucometers in the home. Both glucometers were checked and did not have readings that matched the documented readings on resident #1's medication administration record.*

## 187a - Medication Record (continued)

**Plan of Correction****Accept**

3/9/2021: Unlabeled glucometer was discarded from the medication cart that had these readings; however, since there was no name it was discarded.

3/10/2021 and on going: Resident Care Director and/or designee audited the medication cart to ensure each resident has their own glucometer used consistently for all blood sugar checks.

3/10/2021 and on going: Resident Care Director and/or designee audited the medication cart to ensure each resident has their own glucometer used consistently for all blood sugar checks.

3/10/2021 and on going: The Resident Care Director and/or designee conducts a weekly review of one individual glucometer per person with accurate readings matching the medication administration record.

3/10/2021 and on going: The Resident Care Director and/or designee has provided education on ensuring one individual glucometer is used per person and the reading matches the medication administration record.

4/2021 and ongoing: The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 03/10/2021

**Document Submission****Implemented**

Wellness Meeting completed and training offered on POC.

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed to have blood sugar checks am and pm every morning and at bedtime related to Type 2 diabetes Mellitus without complications. The medication administration record for resident #1 shows the following readings that were not on ■ glucometer: 3/1/21 9AM 108; 3/7/21 10PM 165; 3/8/21 9AM 117. There are no other readings on the glucometer at those times. There are 2 other glucometers in the home. Both glucometers were checked and did not have readings that matched the documented readings on resident #1's medication administration record. It was determined that Resident 1 did not have blood sugar checks on 3/1/21 AM, 3/7/21 PM, and 3/8/21 AM as prescribed.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction****Accept**

*3/9/2021: Unlabeled glucometer was discarded from the medication cart that had these readings; however, since there was no name it was discarded.*

*3/10/2021 and on going: Resident Care Director and/or designee audited the medication cart to ensure each resident has their own glucometer used consistently for all blood sugar checks.*

*3/10/2021 and on going: Resident Care Director and/or designee audited the medication cart to ensure each resident has their own glucometer used consistently for all blood sugar checks.*

*3/10/2021 and on going: The Resident Care Director and/or designee conducts a weekly review of one individual glucometer per person with accurate readings matching the medication administration record.*

*3/10/2021 and on going: The Resident Care Director and/or designee has provided education on ensuring one individual glucometer is used per person and the reading matches the medication administration record.*

*4/2021 and ongoing: The POC and monitoring results are reviewed and evaluated by the Executive Director and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** 03/10/2021

**Document Submission****Implemented**

*Wellness Meeting completed and training offered on POC.*