

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

September 25, 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 08/11/2025 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 Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Waking Staff:** 56

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 08/11/2025

Inspection Dates and Department Representative

08/11/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 106	Residents Served: 42		
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 39	Residents Served: 18
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 42		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 32	Have Physical Disability: 0		

Inspections / Reviews

08/11/2025 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/17/2025

Inspections / Reviews *(continued)*

09/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2025

09/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of staff training dated [REDACTED], and [REDACTED], does not include the length of time of the training, source, and content of the trainings.

The [REDACTED] staff training included a staff signature page undated and identical to a staff signature page from the [REDACTED] training. The [REDACTED] training date was blank, covered by what appeared to be whiteout.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

It is essential to ensure that all staff trainings are documented accurately. This includes retaining all materials used during the training, such as handouts and PowerPoint presentations. On August 19, 2025, the Regional Director of Operations provided re-education to the Executive Director regarding proper training procedures and the necessary documentation. Additionally, the Regional Director introduced a new process for conducting staff trainings, which will be implemented starting August 20, 2025.

A new form was created and implemented on August 19, 2025, to capture the required information on the staff sign-in sheet. The Executive Director will review all staff trainings monthly during the Quality Assurance and Performance Improvement (QAPI) meetings. Furthermore, the Regional Director of Operations will conduct random audits of all training materials and documentation to ensure accuracy and maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented [REDACTED] - 09/12/2025)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED], dated [REDACTED] indicates the resident has a need for physical, mental, cognitive, behavioral, social and recreational. The resident's support plan, dated [REDACTED] is blank for these areas of need.

The assessment for resident [REDACTED], dated [REDACTED], indicates the resident has a need for physical, mental, cognitive, behavioral, social and recreational. The resident's support plan, dated [REDACTED] is blank for these areas of need.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

It is essential that all resident care plans are completed within the time frame set by the Department of Human Services (DHS). Additionally, all sections of the Resident Assessment and Support Plan (RASP) must be complete and accurate. On August 19, 2025, the Regional Director of Operations conducted training on RASPs with the Executive Director, the Director of Health and Wellness, and the Director of Memory Care. The Director of Health and Wellness and the Director of Memory Care will be held responsible for the completion of all resident RASPs. In their absence,

227d Support Plan Medical/Dental (continued)

the Executive Director will ensure the completion of all RASPs.

The Executive Director will conduct RASP audits of five residents per month for six months and will continue to conduct random audits thereafter. These audits will begin the week of August 18, 2025. All audit results will be reviewed by the Executive Director during monthly Quality Assurance and Performance Improvement (QAPI) meetings to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/19/2025

Implemented (█ - 09/25/2025)