

Department of Human Services
Bureau of Human Service Licensing

October 5, 2021

[REDACTED]
AL ONE PA INVESTMENTS OPCO LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF WESTTOWN
1045 WILMINGTON PIKE
WEST CHESTER, PA, 19382
LICENSE/COC#: 14494

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/30/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Patricia Adams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SUNRISE OF WESTTOWN* License #: *14494* License Expiration Date: *01/01/2022*
Address: *1045 WILMINGTON PIKE, WEST CHESTER, PA 19382*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6103994464* Email: [REDACTED]

Legal Entity

Name: *AL ONE PA INVESTMENTS OPCO LLC*
Address: *500 N HURSTBOURNE PKWY, STE 200, LOUISVILLE, KY, 40222*
Phone: *7325138777* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *90* Waking Staff: *68*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *03/30/2021*

Inspection Dates and Department Representative

03/30/2021 - On-Site: [REDACTED] [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *25* Residents Served: *15*

Hospice

Current Residents: *56*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

03/30/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/08/2021*

10/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/08/2021*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 03/07/2021, around 3:00 pm, Staff member A was shadowing the lead staff member, to observe how to handle, talk to and assist the residents. While in the dementia unit, the lead staff briefly left staff member A alone. Staff member A, than independently made the decision to make resident 1 sit back after [REDACTED] rose from his wheelchair and remained standing. Resident 1 resisted and refused to sit down in [REDACTED] wheelchair. Staff member A got frustrated, and was heard saying in a loud voice said "sit the fuck down" Staff member was terminated for inappropriate behavior.

42c - Treatment of Residents (continued)

Plan of Correction

Accept

2600.42c

3/23/21

Upon notification the Reminiscence Coordinator (RC) immediately placed staff member A on administration leave while the alleged incident was investigated, and direct care staff person was subsequently terminated.

7/15/2021

A town hall meeting was held with team members to provide education on Person Centered Care, which covers dignity and respect.

7/15/2021 When a resident is experiencing behaviors, the direct care staff member refers to ISP for appropriate person-centered care techniques and interventions.

7/15/2021

Upon hire and annually, staff members are trained on Resident’s Rights, Safe Management Techniques and person-centered care approaches.

7/15/2021

The RC and lead care manager monitor the reminiscence neighborhood throughout the day for appropriate team member to resident interactions.

8/18/21 and ongoing for three months

During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021

51 - Criminal Background Check

1. Requirements

2600.

51 - Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 03/30/21, the Criminal Background check for staff member A, whose date of hire was [REDACTED], was not available.

Plan of Correction

Accept

2600.51

4/4/2021

The ED obtained the criminal background check for staff member A. The Business Office Coordinator (BOC) position was in transition at the time of staff member A's hire.

4/28/2021

During the onboarding process for the new BOC, training was provided on the requirement of criminal background checks for all staff members.

7/7/2021

The ED and the BOC completed an audit of staff member criminal background checks and identified no further issues.

7/7/2021

The BOC or designee will verify a criminal background check is obtained for staff member at time of hire and a copy filed in each staff persons personnel record.

7/7/2021

The BOC or designee audits staff member records upon hire to confirm that a criminal background check has been obtained.

8/18/2021 and ongoing for 3 months

During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021

251c - Standardized Forms

1. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident 1's initial assessment, date unknown, was not completed on the Department's current standardized form. The home provides a in-house form that is missing the signatures, the initial assessment date and date completed.

251c - Standardized Forms (continued)

Plan of Correction

Accept

2600.251 c

On November 6, 2015, the Department of Human Services issued Sunrise Senior Living of Westtown a letter acknowledging if Sunrise retained a signature page for each resident's support plan and we maintain resident records in accordance with electronic record keeping practices, a waiver for the ERH system was not needed and a waiver for the use of the Interdisciplinary Family Meeting sign off form was not needed. (See attached letter)

2/12/2021

Resident #1's initial assessment was completed and documented in the Electronic Health Record (EHR).

5/6/2021

Resident #1 passed away and is no longer at the community.

8/6/2021

The RCD and coordinators reviewed resident records to verify that the initial assessment has been documented in the EHR and locked with a signature and date. If a resident and/or the resident's designated person participates in the development and implementation of his/her support plan their participation is documented on the Interdisciplinary Family Meeting sign off form, referred to in the November 6, 2015, letter from DHS.

8/5/2021

The ED or designee provided training to the RC on the expected process for obtaining signed Interdisciplinary Family Meeting sign off form sign off forms during care plan meetings.

8/9/2021

The ED or designee will provide training to the RCD on the expected process for obtaining signed Interdisciplinary Family Meeting sign off form sign off forms during care plan meetings.

8/9/2021

Upon an initial assessment being completed the documentation is recorded in the EHR and locked with a signature and date. If a resident and/or the resident's designated person participates in the development and implementation of his/her support plan their participation is documented on the Interdisciplinary Family Meeting sign off form sign off form.

8/18/2021 and on going for three months

During the monthly QAPI meeting the ED and Coordinators will review the POC determine if it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

252 - Record Content (continued)

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include a record of incident reports for the individual resident.

252 - Record Content (*continued*)**Plan of Correction****Accept****2600.252****7/8/2021**

The RCD placed all incident reports for resident #1 in the resident's record.

7/8/2021

The ED provided education to the RCD and wellness team that a copy of the incident report must be placed in the resident's record.

7/8/2021

An audit of incident reports within the last year was conducted and copies of incident reports were placed in each respective resident's record as required.

7/8/2021

During the morning stand-up meeting the ED and coordinators review the incidents that have occurred within the last 24 hours. A copy of the incident report is placed in each respective resident's record as required.

8/16/2021 and ongoing for three months

The ED will randomly audit resident record monthly for up to 3 months to verify that incident reports are filed as required.

8/18 and ongoing for three months

During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021