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

October 1, 2025

[redacted], REGIONAL DIRECTOR OF OPERATIONS
AL ONE PA INVESTMENTS OPCO LLC
[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 review on 08/20/2025, 08/21/2025 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: *I-2* **Date**: *11/29/1999* **Issued By**: *Westtown township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *116* **Waking Staff**: *87*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *08/21/2025*

Inspection Dates and Department Representative

08/20/2025 - On-Site: [redacted]

08/21/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served**: *73*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *reminenscense* **Capacity**: *25* **Residents Served**: *19*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *73*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *43* **Have Physical Disability**: *0*

Inspections / Reviews

08/20/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/19/2025*

09/19/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/29/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/29/2025*

Inspections / Reviews *(continued)*

10/01/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/29/2025*

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 4/9/2025 at around 7:30 pm, Resident 1 received a text message from their bank regarding a charge to their credit card for the amount of $1,545.00 payable to Staff Person A's Cash APP Account. At 7:32pm a second charge of $1030.00 was attempted to be deposited in Staff A's Cash APP account. Staff B, [redacted] Staff A, fraudulently obtained the card information from the resident's desk, who left the card on [redacted] desk for 10 days, in an attempt to send the cash to staff A. Staff B shared the residents credit card information with other individuals who also attempted to use the card. The resident did not authorize any staff to use [redacted] card for any purpose.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 4/9/25, immediately upon report of suspected financial abuse, the Executive Director placed Staff Person A on administrative leave, pending investigation. Westtown East Goshen Regional Police were immediately notified, and an internal investigation was initiated. One additional individual was placed on administrative leave, pending investigation.

On 4/11/25 Staff Person B was identified as a possible accomplice and was immediately placed on administrative leave, pending investigation.

On [redacted] all three individuals were terminated, and the investigation was turned over to the Westtown East Goshen Regional Police.

On 4/24/25 the Executive Director trained the team at our monthly Town Hall on Types of Incidents and Abuse Reporting and the Older Adults Protective Services Act.

On 4/29/25, at our monthly Resident Council, the Executive Director alerted residents to inform the community of any missing or damaged personal property, including funds, and reminded of the safeguarding option available at community. No concerns were noted.

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)

65a - FS Orientation 1st Day

3. 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.

65a - FS Orientation 1st Day *(continued)*

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 D, 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, telephone use and notification of emergency services.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 8/21/25 Staff Person D was immediately removed from all duties pending successful completion of 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, telephone use and notification of emergency services

On 8/22/25 an audit was conducted by the Business Office Coordinator to ensure all current team members have received 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, telephone use and notification of emergency services. No additional issues were identified.

On 8/30/25 Staff Person D received training on all required items listed in §2600.65(a).

On 9/4/25 the Executive Director trained the leadership team on the requirements of §2600.65(a) during our Quality Management (QAPI) meeting.

Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct bi-weekly reviews of newly hired team members to verify that all team members have documentation that they have received, on their first working day, orientation to 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, telephone use and notification of emergency services.

On 10/7/25 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

65a - FS Orientation 1st Day (continued)

be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented (- 10/01/2025)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person D completed 40th scheduled work hour on However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction ***Accept (- 09/19/2025)***

On 8/21/25 Staff Person D was immediately removed from all duties pending successful completion of training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

On 8/22/25 an audit was conducted by the Business Office Coordinator to ensure all current team members have received training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. No additional issues were identified.

On 8/30/25 Staff Person D received training on all required items listed in §2600.65(b).

On 9/4/25 the Executive Director trained the leadership team on the requirements of §2600.65(b) during our Quality Management (QAPI) meeting.
Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct a bi-weekly review of newly hired team members to verify that all team members have documentation that they have received, within 40 working hours, training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented (- 10/01/2025)

65b - Rights/Abuse 40 Hours *(continued)*

65d - Initial Direct Care Training

5. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On [redacted] Staff Person C was hired as a Direct Care Staff and was given 30 days to complete training in accordance with the requirements of §2600.65(d). This included both community-based training and a department-approved direct care training course. During this period, they were not permitted to provide unsupervised ADL services.

On [redacted], within 30 days of hire, Staff Person C was [redacted] On [redacted] Staff Person C was terminated.

On 8/22/25, following the inspection, the Business Office Coordinator conducted an audit to ensure that all active team members had completed training in accordance with the requirements of §2600.65(d). All active direct care staff have completed training in accordance with the requirements of §2600.65(d)
On 9/4/25 the Executive Director trained the leadership team on the requirements of §2600.65(d) during our Quality Management (QAPI) meeting.
Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct bi-weekly reviews of new hire personnel files to verify that all newly hired direct care workers have documentation of successfully completing and passing the Department-approved direct care training course and passing of the competency test.

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)

65f - Training Topics

6. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

65f - Training Topics *(continued)*

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person D did not receive training in safe management techniques , instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 8/21/25 Staff Person D was immediately removed from all duties pending successful completion of training on safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with an intellectual disability.

On 8/22/25 an audit was conducted by the Business Office Coordinator to ensure all current team members have received training in safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with an intellectual disability.

On 8/28/25, during our monthly town hall meeting, Executive Director trained team members on safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with an intellectual disability.

On 8/30/25 Staff Person D was retrained on safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with an intellectual disability.

On 9/4/25, during our Quality Management (QAPI) meeting, the Executive Director trained the leadership team on the requirements of §2600.65(f).

Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct bi-weekly reviews of current team members annual training to ensure continued compliance.

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)

7. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics *(continued)*

Description of Violation

Direct care staff person E did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 8/22/25, Staff Person E was retrained by the Executive Director on the care for residents with an intellectual disability.

On 8/22/25 an audit was conducted by the Business Office Coordinator to ensure all current team members have received training in safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with an intellectual disability.

On 8/28/25, during our monthly town hall meeting, Executive Director trained team members on safe management techniques, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with an intellectual disability.

On 9/4/25, during our Quality Management (QAPI) meeting, the Executive Director trained the leadership team on the requirements of §2600.65(f).
Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct bi-weekly reviews of current team members annual training to ensure continued compliance.

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)

65g - Annual Training Content

8. 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 F did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2024 to 2024.

65g - Annual Training Content *(continued)*

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 8/22/25, Staff Person F was retrained by the Executive Director on the Older Adult Protective Services Act.

On 8/22/25 an audit was conducted by the Business Office Coordinator to ensure all current team members have received training in the Older Adult Protective Services Act for training year 2024. No additional issues were identified.

On 8/28/25, during our monthly town hall meeting, Executive Director trained current team members on the Older Adult Protective Services Act for calendar year 2025.

On 9/4/25, during our Quality Management (QAPI) meeting, the Executive Director trained the leadership team on the requirements of §2600.65(g).

Beginning on 9/29/25, and for the next three months, the Executive Director and Business Office Coordinator will conduct bi-weekly reviews of:

On 10/7/25 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.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)

190c - Record of Training

9. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person D does not include the date, documentation of successful completion of the training.

Plan of Correction ***Accept ([redacted] - 09/19/2025)***

On 8/21/25 Staff Person D was immediately removed from medications administration duties pending successful completion and retesting of the Medication Administration Training Course.

On 8/22/25, the Resident Care Director conducted an audit to ensure all current Medication Care Managers have training records that include the date and documentation of successful course completion.

Beginning on 10/1/25, and for the next three months, the Resident Care Director will conduct monthly audits of records to ensure that all medication care managers remain current.

On 10/7/25 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.

190c - Record of Training *(continued)*

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented ([redacted] - 10/01/2025)