



Sent via e-mail [graniterun.ed@sunriseseniorliving.com](mailto:graniterun.ed@sunriseseniorliving.com)  
July 2, 2020

Mr. Christian N. Cummings  
President  
SZR Granite Run AL OPCO, LLC  
500 North Hurstbourne Parkway  
Suite 200  
Louisville, Kentucky 40222

RE: Sunrise of Granite Run  
247 North Middleton Road  
Media, Pennsylvania 19063  
License #: 144900

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 3, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *Sunrise of Granite Run*

License Number: *14490*

Address: *247 North Middletown Road, Media, Pa 19063*

County: *Delaware*

Region: *SOUTHEAST*

## Administrator

Name: *Susan Cacioppo*

Phone: *6105663535*

Email: *graniterun.ed@sunriseseniorliving.com*

## Legal Entity

Name: *Sunrise of Granite Run*

Address: *247 North Middletown Road, Media, Pa, 19063*

## Certificate(s) of Occupancy

Type: *I-2*

Date: *09/09/1998*

Issued By: *Township of Middletown*

## Staffing Hours

Resident Support Staff: *141*

Total Daily Staff: *282*

Waking Staff: *212*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Change Legal Entity*

## Inspection Dates and Department Representative

*02/03/2020 - On-Site: Charlotte Wiley, Sandra Wooters*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *115*

Residents Served: *89*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *SDCU*

Capacity: *38*

Residents Served: *27*

### Hospice

Current Residents: *8*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *89*

Diagnosed with Mental Illness: *6*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *52*

Have Physical Disability: *3*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/3/20, at 10:15 am, the medication administration lap top, located on the 2nd floor was open displaying a resident's name and information, unattended.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

Legal Entity Representative

*Susan W. Cacioppo*  
Signature

Susan W. Cacioppo, Exec. Dir. 4/1/2020  
Printed Name and Title Date

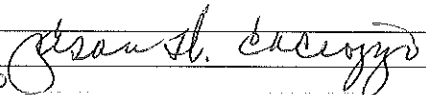
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/30/20 Plan of correction implementation status as of 6/30/20  
(Date) (Date)

Implemented  
 Not Implemented

The above plan of correction was approved by MCJ  
(Initials)

## Sunrise Senior Living Plan of Correction

**Name of Personal Care Home:** Sunrise of Granite Run  
**Address of PCH:** 247 N. Middletown Road, Media, PA 19063  
**License number:** #144900  
**Inspection date(s):** February 3, 2020  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Susan W. Cacioppo  
**Signature of Sunrise Representative:**   
**Date of Submission:** 2/12/2020

| Regulation<br>55 Pa. Code §<br>2600. | Target Date<br>by Which<br>Correction will<br>be completed | Plan of Correction   |
|--------------------------------------|--|--|
| 2600.17                              | 2/4/2020   | The Medication Care Manager (MCM) was counseled by the Health Care Manager. The counseling session was documented in the MCMs personnel file.  |
|                                      | 2/4/2020   | The MCM was re-educated on maintaining resident records confidential, including procedures for securing the laptop during medication administration.   |
|                                      | 3/4/2020   | The Health Care Manager (HCM) provided re-education to all MCM's and Licensed Practical Nurses who administer medications regarding maintaining confidentiality during the medication administration process.  |
|                                      | 2/17/2020  | HCM will do random weekly checks during medication administration to ensure that laptops are secured during this process.  |
|                                      | Next QAPI<br>meeting<br>4/15/2020                          | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

63a - First Aid/CPR Training

Regulations

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 1/18/20 and 1/19/20, from 11:00 pm to 7:00 am, 89 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction (POC)

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Signature

*Susan W. Cacioppo, Exec. Dir., 4/11/2020*  
Printed Name and Title Date

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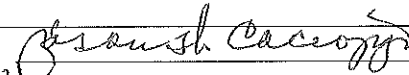
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**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
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**Signature of Sunrise Representative:**   
**Date of Submission:** 4/2/2020

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|-------------------------------------|--|--|
| 2600.63a                            | 2/3/2020   | The Executive Director and Coordinators reviewed the staffing schedules and verified there was at least 1 person for every 50 residents, who is trained in first and aid and CPR per shift.  |
|                                     | 2/5/2020   | CPR/First Aid training was provided to 6 team members on 2/5/2020.   |
|                                     | 3/2/2020   | The HCM and/or BOC reviews the CPR tickler sheet monthly to verify that team members remain current on their CPR/First Aid Certification.  |
|                                     | 3/2/2020   | Care Coordinators review the biweekly schedule and verify that there is at least 1 person for every 50 residents, who is trained in first and aid and CPR per shift.   |
|                                     | Next QAPI meeting is 4/15/2020                             | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

64a - Admin Training

Regulations

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.
- 2. A 100-hour standardized Department-approved administrator training course.
- 3. A Department-approved competency-based training test with a passing score.
- 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's administrator, does not have documentation of successfully completed the Department-approved 100-hour administrator training course, the Department-approved competency-based training test.

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Legal Entity Representative

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Printed Name and Title Date

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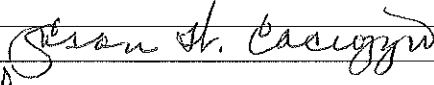
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| 2600.64a                            | 3/8/2020   | Staff person A was not able to obtain the original documentation of the 40 hours training completed prior to the adoption of the 100 hours training course. Staff Person A is currently enrolled in the 100 hours training course.   |
|                                     | 5/22/2020  | Due to COVID-19 pandemic and the team member/visitor restrictions imposed, Sunrise is prohibiting team members to travel from one community to the next.   |
|                                     | 4/15/2020 and ongoing for 3 months                         | Following the completion of the 100 hour training course Staff person A will maintain a copy in their personnel record at the community.   |
|                                     |  | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/3/20, at 4:25 pm, room #234 had a strong odor of urine.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

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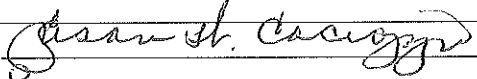
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**Signature of Sunrise Representative:**   
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|-------------------------------------|--|---|
| 2600.85a                            | 2/5/2020   | The Housekeeping team provided a thorough cleaning of room # 234. Resident laundry was removed from room and laundered.   |
|                                     | 3/2/2020   | Additional housekeeping services to be provided to room #234 to meet resident needs to include daily wet mopping of floor and cleaning and sanitizing bathroom and kitchenette.   |
|                                     | 3/2/2020   | The Housekeeping team members clean each room weekly, including dusting, vacuuming, changing bed linens, cleaning and sanitizing kitchenettes and bathrooms. Care managers are responsible for daily tidying, soiled linens to be done immediately and to clean kitchenette or bathrooms in between weekly cleanings if needed. |
|                                     | 3/2020   | Upon identification of a resident's change in condition that impacts housekeeping services, the Health Care Manager and Care Coordinator communicates the need for additional housekeeping services with the Maintenance Coordinator and Housekeeping team members.]  |
|                                     | 3/2/2020   | The Personal Care Coordinator inspects room weekly to verify sanitary conditions are maintained.  |
|                                     | Next QAPI<br>meeting<br>4/15/2020                          | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.                  |

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The screen in the window of room #132 was frayed and in disrepair.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

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*Susan W. Cacioppo*  
Signature

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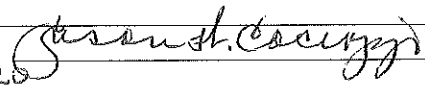
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|-------------------------------------|--|--|
| 2600.92                             | 2/4/2020   | The Maintenance Coordinator repaired the screen for room #132.   |
|                                     | 2/10/2020  | The Maintenance Coordinator and Maintenance Assistant checked all other screens and windows to verify they were secure and in good repair.   |
|                                     | 4/2/2020   | The Maintenance Coordinator and the housekeeping team will perform monthly audits on all windows/window screens to ensure they are secure and in good repair.  |
|                                     | Next QAPI<br>meeting<br>4/15/2020                          | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 89 residents. However, there is no line of travel on the emergency evacuation diagram posted.

Plan of Correction (POC)

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Legal Entity Representative

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Signature

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Printed Name and Title

4/1/2020  
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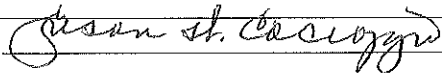
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**Signature of Sunrise Representative:**   
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|-------------------------------------|--|--|
| 2600.123c-                          | 2/5/2020   | The Maintenance Coordinator reviewed the emergency evacuation diagram on each floor and corrected to include line of travel.   |
|                                     | 9/29/2020  | On an annual basis, during the walk through with the Fire Safety expert the Maintenance Coordinator will review the emergency evacuation diagrams on each floor and verify the line of travel to exit doors and location of the fire extinguishers and pull signals are identified.                            |
|                                     | Next QAPI<br>4/15/2020                                     | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 2/3/2020, there was a pile of cardboard boxes and 7 wooden pictures with frames near the boilers.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

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Legal Entity Representative

*Susan W. Caccioppo*  
Signature

Susan W. Caccioppo, Exec. Dir. 4/1/2020  
Printed Name and Title Date

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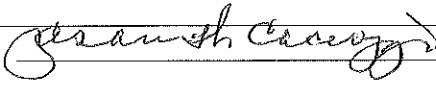
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Susan W. Cacioppo  
**Signature of Sunrise Representative:**   
**Date of Submission:** 4/15/2020

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|-------------------------------------|--|--|
| 2600.125a                           | 2/4/2020   | The cardboard boxes and the 7 wooden picture with frames were immediately removed and discarded.   |
|                                     | 2/4/2020   | The Maintenance Coordinator was re-educated by the Executive Director on the hazards of combustible and flammable materials located near heat sources or hot water heaters.  |
|                                     | 2/4/2020   | The Maintenance Coordinator monitors the areas surrounding heat sources and hot water heaters on a weekly basis.   |
|                                     | Next QAPI<br>meeting<br>4/15/2020                          | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

190c - Record of Training

Regulations

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 persons B, C and D does not include the date.

Plan of Correction (POC)

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Legal Entity Representative

*Susan W. Cacioppo*  
Signature

Susan W. Cacioppo, Exec. Dir.  
Printed Name and Title

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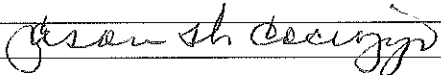
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|--------------------------------------|--|--|
| 2600.190c                            | 2/4/2020   | Unable to correct existing medication administration training record for staff persons B, C and D.<br><br>Medication Administration training records were audited by the HCM for all staff persons for accuracy and completion.  |
|                                      | 3/20/2020  | The HCM audits the Medication Administration Training records after Practicum Observations monthly to review for accuracy and completion.  |
|                                      | 6/20/2020  | Staff persons B and C have subsequently had another medication observation on 3/20/2020 and the next is due 6/20/2020.   |
|                                      | 4/20/2020  | Staff person D is due for the next medication observation on 4/20/2020.  |
|                                      | Next QAPI meeting<br>4/15/2020                             | The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. |

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1, admitted 1/8/2020, assessment was completed on 12/6/2019.

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*Susan W. Cacioppo*  
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Printed Name and Title

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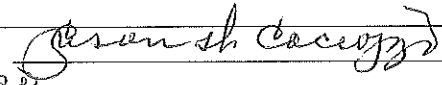
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| Regulation<br>55 Pa.Code §<br>2600. | Target Date<br>by Which<br>Correction will<br>be completed | Plan of Correction  |
|-------------------------------------|--|---|
| 2600.225a                           | 1/8/2020   | <p>We respectfully request that this violation be removed.</p> <p>Resident #1 moved into the community on 1/8/2020. The Assessment was started on 12/6/2019, as part of the pre-move in assessment process in conjunction to using the pre-admission screening. We assess residents prior to moving in to determine whether we can meet their needs.</p> <p>The assessment is not finalized (closed) until the resident moves in and is re-assessed to verify the information is up to date and accurate based on current needs. Upon the resident arriving at the community, Resident #1 was reassessed and the assessment form was updated. The assessment was closed (finalized/locked) on the day of move-in 1/8/2020.</p> <p>Please see attached documentation from the electronic health record, which tracks the start and close (finalized/locked) date of the assessments.</p> <p>POC:<br/>Prospective residents are assessed prior to move-in using the pre-admission screening form and our assessment tool. The assessment is reviewed and updated upon the resident moving in.</p> |
|                                     | 2/4/2020   |   |
|                                     | 3/2/2020   | <p>The Executive Director or designee reviews each resident's move documents, including the assessment to verify it was completed within 15 days of admission.</p>  |
|                                     | Next QAPI meeting is 4/15/2020                             | <p>The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p>   |