



Sent via e-mail [bluebell.ed@sunriseseniorliving.com](mailto:bluebell.ed@sunriseseniorliving.com)  
July 20, 2020

Mr. Christian N. Cummings  
President  
SZR Blue Bell AL Opco Limited Partnership  
500 North Hurstbourne Parkway  
Suite 200  
Louisville, Kentucky 40222

RE: Sunrise Senior Living at Blue Bell  
795 Penllyn Pike  
Blue Bell, Pennsylvania 19422  
License #: 144870

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 21, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *Sunrise of Blue Bell*

License Number: 14487

Address: *795 Penllyn Pike, Blue Bell, Pa 19422*

County: *Montgomery*

Region: *SOUTHEAST*

## Administrator

Name: *Colleen Miller*

Phone: *2156192777*

Email: *bluebell.ed@sunriseseniorliving.com*

## Legal Entity

Name: *SZR Blue Bell AL Limited Partnership*

Address: *7902 West Park Drive, ATTN: Menerva Philson, McClean, VA , 22102*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *109*

Waking Staff: *82*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Monitoring*

## Inspection Dates and Department Representative

*02/21/2020 - On-Site: Natasha Braswell, Alex Goldstein*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *100*

Residents Served: *69*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *REMINISCENCE*

Capacity: *45*

Residents Served: *23*

### Hospice

Current Residents: *8*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *68*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *40*

Have Physical Disability: *0*

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 2-21-20, at 11:45 am, two empty blister packs for the medication of resident #1 and resident #2 were placed on the exterior slot of medication cart B, located in the common area of the 2nd floor.

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.)

*All attached*

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Colleen Miller, LSO*      *4/1/2020*  
Printed Name and Title      Date

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

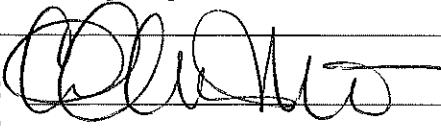
The above plan of correction is approved as of 7.17.2020 (Date) Plan of correction implementation status as of 7.17.2020 (Date)

- Implemented
- Not Implemented

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

## Sunrise Senior Living Plan of Correction

**Name of Personal Care Home:** Sunrise of Blue Bell  
**Address of PCH:** 795 Penllyn Blue Bell Pike Blue Bell, PA 19422  
**License number:** #128420  
**Inspection date(s):** 2/21/2020  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Colleen Miller, Executive Director

**Signature of Sunrise Representative:**   
**Date of Submission:** 4/1/2020

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
17	2/21/20	The empty blister packs were immediately secured upon discovery on 2/21/20 to ensure the privacy of resident information.
	2/21/20 and ongoing	All medication carts were checked to ensure there were no blister packs present or accessible and that all resident information was secured. The Resident Care Director and/or designed will conduct daily walk throughs at various times to ensure resident information is not accessible anywhere on the medication carts and that the carts are secured.
	3/31/20	Retraining was held for all Medication Care Managers on the security of blister packs, the privacy of resident information and all regulatory information pertaining to 2600.17. This retraining included proper disposal and destruction of blister packs which contain identifying information of residents.
	3/31/20 and ongoing	The POC will be 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 and training will be implemented and monitored to ensure the violation does not occur again.
<i>See attachment</i>		

### 185a - Implement Storage Procedures

#### Regulations

- 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

On 2-21-20, at 11:10 am, resident #3, had two glucometers stored in the medication cart and the glucose levels did not match the information documented on the blood sugar log.

On 2-21-20, at 11:05 am, the home had two glucometers for resident #3 and the two machines were not calibrated to the correct time.

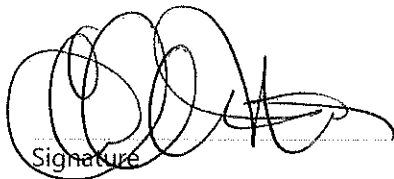
On 2-21-20, at 12:16 pm, the glucometer for resident #4 was not calibrated to the correct time.

#### 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

  
Signature

Colleen Miller, BSQ      4/1/2020  
Printed Name and Title      Date

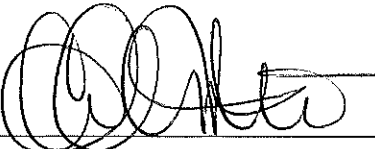
#### DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

Plan of correction implementation status as of 7.17.2020  
(Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
185.a	2/21/20	The Resident Care Director (RCD) immediately removed the secondary glucometer for resident #3 from the medication cart. The RCD also ensured the glucometer for resident #3 and #4 were correctly calibrated.
	2/21/20	The RCD checked all resident glucometers for appropriate calibration, proper labelling with resident name and to ensure only one working glucometer with supplies was present in the medication cart.
	3/12/20	The RCD obtained additional supplies of glucometers and testing strips for any future need.
	3/31/20	Training was conducted by the RCD with the Medication Care Managers (MCM) and the nurses to ensure proper handling and storage of glucometers. Training also included instruction on calibration as well as need for need for all supplies to be labeled.
	3/31/20 and ongoing	The MCMs and RCD will be responsible to conduct weekly audits which include ensuring every resident's glucometer is calibrated correctly and has enough available testing supplies.
	3/31/20 and ongoing	The POC will be 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 and training will be implemented and monitored to ensure the violation does not occur again.
<p><i>See attachment</i></p>  <p>ED: 4/1/2020</p>		

187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

The physician's orders from 12-16-19 were prescribed as checking the blood sugars for resident #4, before meals and at bedtime. The home failed to follow the physicians orders on 2-2-20, 2-3-20 and 2-7-20.

The home failed to follow the physician's orders when administering the following medications at the prescribed time. The prescribed time is 9:00 am. Resident #5 was not administered the following medications until 10:27 am: Tylenol Extra Strength, Ipratropium Solution, Aspirin 81 mg, Carvedilol 12.5 mg, Flovent, Hydrochlorothiazide 12.5 mg, Soothe XP Artificial Tears.

*See attached*

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5, is prescribed Acetaminophen 500 mg . However, this medication was not administered to resident #5 on 2-21-20 at 10:27 am, because this medication was not available in the home.

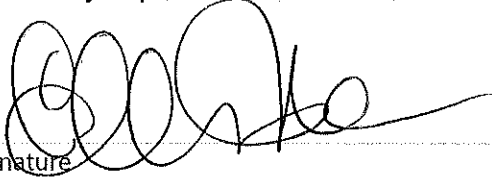
Resident #6 is prescribed Escitalopram Oxacate F/C 10 mg. However, this medication was not administered to resident #2 on 2-21-20, because this medication was not available in the home.

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

  
Signature

Colleen Miller, RD  
Printed Name and Title

4/1/2020  
Date


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

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(Date) (Date)

- Implemented
- Not Implemented

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(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187.d	2/21/20	The Resident Care Director (RCD) submitted reportable incidents for medication errors for residents 4, 5 and 6. Physicians were contacted regarding the missed doses and need for refills of as needed medications and other medications that were not present in the medication cart.
	3/31/20	The RCD and Wellness Nurses provided education regarding the rights of medication administration was provided to staff members who are certified to administer medication.
	3/31/20 and ongoing	The Medication Care Managers (MCM), Wellness Nurses and RCD will be responsible to conduct weekly medication audits which include ensuring medications are present, not expired, and properly labelled.
	3/31/20 and ongoing	The RCD will conduct weekly audits of medication administration times and address issues and conduct retraining with team members who administer medication upon discovery.
	3/31/20 and ongoing	The POC will be discussed and evaluated 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 and training will be implemented and monitored to ensure the violation does not occur again.
<i>See attachment</i>		
 ED 4/11/2020		

233c - Key-Locking Devices

Regulations

2600.  
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit. The numbers on the interior code exiting the 3rd floor Secured Dementia Care Unit were illegible.

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

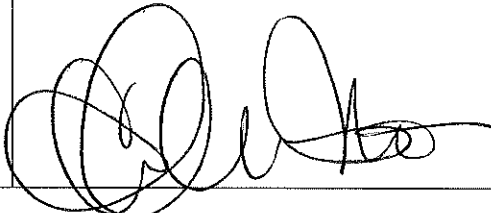
*Colleen Miller*  
Signature

Colleen Miller ED 4/1/2020  
Printed Name and Title Date

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
233.c	2/21/20	The worn label was replaced immediately upon discovery by the Executive Director.
	2/21/20	All other labels on exits (3 additional) within the secured dementia unit were checked and found to all be intact and legible.
	2/21/20 and ongoing	The Executive Director (ED) and/or designee will conduct a daily walk through of the facility to ensure all required information is posted.
	3/31/20 and ongoing	The POC will be 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 and training will be implemented and monitored to ensure the violation does not occur again.
<i>See attachment</i>		
 ED 4/11/2020		

236 - Staff Training

Regulations

2600.  
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

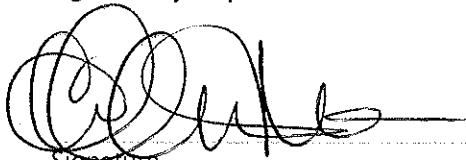
Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 4.5 hours of training in dementia care during the 2019 training year.

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



Colleen Miller ED 4/1/2020  
Printed Name and Title Date

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
236	2/21/20  3/18/20  3/18/20 and ongoing  3/31/20 and ongoing	<p>Direct Care Staff Person B was removed from working care shifts within the dementia unit until the additional 1.5 hours of training was completed.</p> <p>Direct Care Staff Person B completed the additional 1.5 hours of dementia training need by 3/18/20.</p> <p>The Business Office Coordinator (BOC) or designee will conduct monthly audits to ensure all team members are in compliance with regulatory training requirements.</p> <p>The POC will be discussed and evaluated 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 and training will be implemented and monitored to ensure the violation does not occur again.</p> <p style="text-align: center;"><i>See attachment</i></p> <p style="text-align: right;"><i>[Signature]</i> ED 4/1/2020</p>