



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail graniterun.ed@sunriseseniorliving.com
June 24, 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 28, 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 Granite Run*

License Number: *14490*

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

County: *DELAWARE*

Region: *SOUTHEAST*

Administrator

Name: *Susan Cacioppo*

Phone: *610-566-3535*

Email: *GraniteRun.ED@sunriseseniorliving.com*

Legal Entity

Name: *SZR Granite Run AL Opco.LLC*

Address: *500 North Hurstbourne Parkway Suite 200, Louisville, KY, 40222*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: *161*

Waking Staff: *121*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

02/28/2020 - On-Site: Youn Hie Chung, Alex Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115*

Residents Served: *92*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory unit*

Capacity: *38*

Residents Served: *28*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *92*

Diagnosed with Mental Illness: *5*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *69*

Have Physical Disability: *2*

42b - Abuse

Regulations

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 02/04/2020 between 04: 30 AM and 06:30 AM, resident #1 rang the call bell several times, and around 06:05 AM, staff A, who was tired of the resident's multiple call bells throughout the night, went to the resident's room and yelled at her "Who do you think you are? We have other people to take care of" and made a fist and hit the resident on her right arm, which the resident identified as a bad arm due to her surgery in the past.

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
Printed Name and Title Executive Director Date 4/21/2020

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The above plan of correction is approved as of 6.23.2020
(Date)

Plan of correction implementation status as of 6.23.2020
(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 Granite Run
Address of PCH: 247 N. Middletown Road, Media, PA 19063
License number: #144900
Inspection date(s): February 28, 2020
Name/Title of Legal Entity Representative Signing the Plan of Correction:
 Susan W. Cacioppo
Signature of Sunrise Representative: *Susan W. Cacioppo*
Date of Submission: 4/21/2020

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42b	2/4/2020	The Executive Director placed staff A and B on administrative leave pending investigation when the incident was reported. An investigation was conducted staff A and B did not return to duty after 2/4/2020.
	3/31/2020	Team members were re-educated in Residents Rights , and what constitutes abuse and how to respond to an incident, by the Executive Director and the Healthcare Manager.
	3/31/2020	Upon hire and annually team members are trained on Residents Rights, and what constitutes abuse and how to respond to an incident.
	3/31/2020	Upon move-in residents are informed of their rights, and how to file a complaint. In addition during the monthly Resident Council meeting, residents rights are discussed and issue reported to Coordinators so they can be addressed.
	Next scheduled QAPI meeting May 20, 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.

Signature of Sunrise Representative: *Susan W. Cacioppo*

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 02/04/2020 between 04:30 AM and 06:30 AM, resident #1 rang her call bell several times, and around 06:05 AM, staff A, who was tired of the resident's multiple call bells throughout the night, went to the resident's room and yelled at her "Who do you think you are? We have other people to take care of" and made a fist and hit the resident on her right arm, which the resident identified as a bad arm due to her surgery in the past.

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 4/21/2020
Printed Name and Title *Executive Dir.* Date

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(Date) (Date)

The above plan of correction was approved by slw Implemented
(Initials) Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42c	2/4/2020	The Executive Director placed staff A and B on administrative leave pending investigation when the incident was reported. An investigation was conducted staff A and B did not return to duty after 2/4/2020.
	3/31/2020	Team members were re-educated in Residents Rights , and what constitutes abuse and how to respond to an incident, by the Executive Director and the Healthcare Manager.
	3/31/2020	Upon hire and annually team members are trained on Residents Rights, and what constitutes abuse and how to respond to an incident.
	3/31/2020	Upon move-in residents are informed of their rights, and how to file a complaint. In addition during the monthly Resident Council meeting, residents rights are discussed and issue reported to Coordinators so they can be addressed.
	Next scheduled QAPI meeting May 20, 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.

Signature of Sunrise Representative: 

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42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 02/04/2020 around 06:10 AM, staff B found resident #1 in her room, crying and complaining of a staff hitting her on her arm. Instead of reporting the alleged abuse to anybody, staff B left the resident's room and returned immediately with her cell phone to record the resident's complaint. Staff B admitted recording the resident in order to protect herself later.

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. Coccioppo

Signature

Susan W. Coccioppo

Printed Name and Title

4/21/2020

Date

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Plan of correction implementation status as of 6.23.2020 (Date)

Implemented

Not Implemented

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 6. Safe management techniques.

Description of Violation

Direct care staff person C did not receive training in medication self-administration and safe management technique during training year 2019.

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
Printed Name and Title
Executive Director
4/21/2020
Date

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(Date)

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6.23.2020
(Date)

Implemented

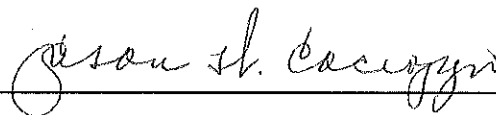
Not Implemented

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
2600.42s	<p>2/4/2020</p> <p>3/31/2020</p> <p>3/31/2020</p> <p>3/31/2020</p> <p>Next scheduled QAPI meeting May 20, 2020</p>	<p>The Executive Director placed staff B on administrative leave pending investigation when the incident was reported. An investigation was conducted staff B did not return to duty after 2/4/2020.</p> <p>Team members were re-educated in Residents Rights , and what constitutes abuse and how to respond to an incident, by the Executive Director and Healthcare Manager.</p> <p>Upon hire and annually team members are trained on Residents Rights, and what constitutes abuse and how to respond to an incident.</p> <p>Upon move-in residents are informed of their rights, and how to file a complaint. In addition during the monthly Resident Council meeting, residents rights are discussed and issue reported to Coordinators so they can be addressed.</p> <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>

Signature of Sunrise Representative: _____



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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person C did not receive training in Older Adults Protective Services Act during training year 2019.

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 Plan of Correction

Legal Entity Representative

Susan W. Cacioppo
Signature

Susan W. Cacioppo
Printed Name and Title
Exec. Director
4/21/2020
Date

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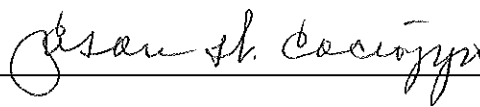
Implemented

Not Implemented

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(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65g	<p>8/31/2020</p> <p>5/31/2020</p> <p>6/15/2020</p> <p>4/21/2020</p> <p>Next scheduled QAPI meeting June 2020</p>	<p>The Business Office Coordinator scheduled Staff person C to complete the following trainings from 2019: Medication Self-administration and Safe Management techniques and Older Adults Protective Services Act. Due to the COVID-19 annual training waiver issued by the Department, staff person C will complete the training by August 2020.</p> <p>The Business Office Coordinator will conduct an audit of annual required training and will develop a plan to have team members complete any missed trainings by August 2020.</p> <p>The Business Office Coordinator will provide record of training for all staff to Department Coordinator team on a monthly basis to track compliance with annual training topics and required hours.</p> <p>Upon hire of a new team member and annually the Business Office Coordinator and Department Coordinators, provide training on the required annual training which include: Medication Self-administration and Safe Management techniques and Older Adults Protective Services Act.</p> <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>

Signature of Sunrise Representative: _____



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85a - Sanitary Conditions

Regulations

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

Description of Violation

On 02/28/2020 at 10:00 AM, there was a strong odor of urine in the restroom in the home's 1st floor dining room. At 12:30 PM, the restroom was checked again but it was not cleaned and the odor was still there.

Plan of Correction (POC)

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see attached Plan of Correction

Legal Entity Representative

Susan W. Cacioppo
Signature

Susan W. Cacioppo
Printed Name and Title Executive Director
4/21/2020
Date

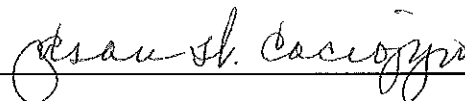
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(Date) (Date)

- Implemented
- Not Implemented

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(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
85a	2/28/2020	The Bistro bathroom was cleaned and waste baskets emptied by housekeeper.
	3/4/2020	The Housekeeping staff to provide three times/daily cleaning for common area restrooms.
	3/4/2020	The Maintenance Coordinator and concierges check common area bathrooms throughout each day to ensure cleanliness and odor control.
	Next QAPI meeting scheduled May 20, 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.

Signature of Sunrise Representative: 

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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 C, who works in the Secure Dementia Care Unit (SDCU), had only 5 hours of training in dementia care during 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 Plan of Correction

Legal Entity Representative

Susan W. Cecioppo
Signature

Susan W. Cecioppo 4/21/2020
Printed Name and Title Executive Director Date

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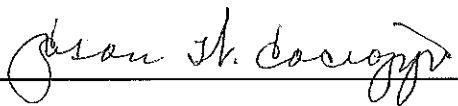
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(Date)

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(Initials)

Implemented
 Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
236	<p>8/31/2020</p> <p>5/31/2020</p> <p>6/15/2020</p> <p>4/21/2020</p> <p>Next scheduled QAPI meeting June 2020</p>	<p>The Business Office Coordinator scheduled Staff person C to complete the 1 hours of training in dementia care. Due to the COVID-19 annual training waiver issued by the Department, staff person C will complete the training by August 2020.</p> <p>The Business Office Coordinator will conduct an audit of annual required training and will develop a plan to have team members complete any missed trainings and training hours by August 2020.</p> <p>The Business Office Coordinator will provide record of training for all staff to Department Coordinator team on a monthly basis to track compliance with annual training topics and required hours.</p> <p>Upon hire of a new team member and annually the Business Office Coordinator and Department Coordinators, provide training on the required annual training and for the correct number of training hours on dementia care related topics.</p> <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>

Signature of Sunrise Representative: 

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