

Department of Human Services
Bureau of Human Service Licensing

October 1, 2020

SUSAN CACIOPPO, EXECUTIVE DIRECTOR
SZR GRANITE RUN AL OPCO LLC
500 N HURSTBOURNE PKWY,STE 200
LOUISVILLE, KY 40222

RE: SUNRISE OF GRANITE RUN
247 NORTH MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14490

Dear Ms. Cacioppo,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2020, 07/17/2020, 08/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SUNRISE OF GRANITE RUN* License #: *14490* License Expiration Date: *01/01/2021*
 Address: *247 NORTH MIDDLETOWN ROAD, MEDIA, PA 19063*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *Susan Cacioppo* Phone: *6105663535* Email:
graniterun.ed@sunriseseniorliving.com;
shparker@pa.gov

Legal Entity

Name: *SZR GRANITE RUN AL OPCO LLC*
 Address: *500 N HURSTBOURNE PKWY,STE 200, LOUISVILLE, KY, 40222*
 Phone: *6105663535* Email: *DBAKER@VENTASREIT.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *161* Total Daily Staff: *322* Waking Staff: *242*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/20/2020*

Inspection Dates and Department Representative

06/30/2020 - Off-Site: Sabrina Freeman
07/17/2020 - Off-Site: Sabrina Freeman
08/07/2020 - Off-Site: Sabrina Freeman

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: *NM*

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*

Inspections / Reviews

06/30/2020 - Partial

Lead Inspector: *Sabrina Freeman*Follow-Up Type: *POC Submission*Follow-Up Date: *09/14/2020*

9/16/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *09/25/2020*

10/1/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/24/20, resident #1 had a fall where she sustained an injury after hitting the back of her head. At the time of the fall the resident was observed with a lump on the back of her head and she also stated she was in pain. The home did not send the resident to the hospital or submit an incident report to the Department within 24 hours. On 6/25/20, staff person A observed resident #1 with a rash and bruising around her chin area and bruising on her finger. The resident continued to complain of pain and was resistant to turn her neck back and forth. Staff person A called 911. When the 1st responders attempted to put a collar on the residents neck, she was resistant and hurting. Resident #1 was admitted to the hospital with a serious diagnosis.

Plan of Correction

Accept

We would like to dispute this violation based on the timeline of treatment for serious injury. On 6/25/2020, the description of violation references Staff Person A called 911. This was not a community team member, but a Nurse Practitioner with the PCP. Resident was sent to the emergency department and not admitted until she was transferred to another hospital and received a diagnostic workup. Resident was admitted to Paoli Hospital in the evening of 6/25/20. Our Wellness Nurse received confirmation of serious injury for resident #1 at 10:14 am on 6/26/2020. Reportable incident was sent to DHS via email at 1:34 pm. Subsequent addendums were sent as information was obtained by nurse practitioner from PCP’s practice and submitted to DHS on June 28, and June 29, 2020.

Resident #1 serious injury was reported according to regulatory requirement 2600 16.c

As soon as confirmation of an injury requiring treatment in a hospital or medical facility that fits the criteria identified as serious bodily injury is confirmed by the community RCD or designee, a reportable incident is prepared, sent to the Executive Director for review and then submitted to DHS within 24 hours of confirmation of said injury. 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.

Completion Date: 09/14/2020

Document Submission

Implemented

Re-education was provided to the Wellness staff regarding the timing of reporting for incidents to the Department.

23a - Activities of Daily Living Assistance

1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

23a - Activities of Daily Living Assistance (continued)

Description of Violation

Resident #1's resident assessment and support plan (RASP) documents the resident requires assistance with mobility and ambulation. The resident may use her walker for short distances with standby assistance. DCM is to provide standby assistance with her walker.

On 6/24/20, staff person B was walking with resident #1 to the bathroom. Although resident #1 was unsteady at this time, staff person B walked ahead of the resident. Resident #1 fell backwards hitting her head on the ground sustaining a serious injury.

Plan of Correction

Accept

2600.23a 9/14/2020

9/30/2020

10/15/2020, 1/15/21 and quarterly moving forward.

Next Scheduled QAPI

October 14, 2020 Resident #1 Individual Service Plan (ISP) was reviewed with the care manager team as well as the definition of 'stand by' assistance.

All Care Managers will be re-educated on review of each resident's ISP and the resident's needs for mobility assistance.

Monthly training for October, November & December 2020 with Care Manager team to review implementation of mobility assistance for residents according to ISP.

Care Coordinators will review documentation survey reports quarterly to monitor effectiveness of training.

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.

Completion Date: *09/14/2020*

Document Submission

Implemented

Initial training of care managers on duty 9/14/2020 was provided to re-educate regarding what each level of assistance requires. Additional trainings provided at 9/16/2020 Town Halls. Balance of care managers have been re-educated in how to identify what level of assistance is required for residents and what those levels mean in terms of assistance provided.