

Department of Human Services
Bureau of Human Service Licensing

March 15, 2021

██████████ PRESIDENT
SZR HAVERFORD AL OPCO LLC
500 N HURSTBOURNE PKWY,STE 200
LOUISVILLE, KY 40222

RE: SUNRISE OF HAVERFORD
217 WEST MONTGOMERY AVENUE
HAVERFORD, PA, 19041
LICENSE/COC#: 14492

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/26/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 HAVERFORD **License #:** 14492 **License Expiration Date:** 01/01/2021
Address: 217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041
County: DELAWARE **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6108969777 **Email:** [REDACTED]

Legal Entity

Name: SZR HAVERFORD AL OPCO LLC
Address: 500 N HURSTBOURNE PKWY, STE 200, LOUISVILLE, KY, 40222
Phone: 6108969777 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 11/20/1997 **Issued By:** Lower Merion Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 69 **Working Staff:** 52

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 10/26/2020

Inspection Dates and Department Representative

10/26/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 **Residents Served:** 42

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 25 **Residents Served:** 13

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 43
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 27 **Have Physical Disability:** 1

Inspections / Reviews

10/26/2020 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/12/2020

Inspections / Reviews *(continued)*

12/10/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *12/31/2020*

3/15/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/26/2020 at 10:30 AM, there was an uncovered, unattended trash can in the kitchen.

Plan of Correction**Accept**

Immediately upon being observed, the lid was placed back on trash can.

(10/27/2020)

Findings shared with department coordinator team by Executive Director, all department coordinators were trained on the need to maintain trash cans in the kitchen covered when not in use.

The Dining Service Coordinator (DSC) provided training to all kitchen staff regarding requirements. The DSC to include this training in initial training of all new Dietary Staff.

The DSC to complete routine kitchen walkthroughs to ensure compliance. The DSC monitors to verify that lids are placed on garbage receptacle as required.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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.

(11/6/2020 and ongoing)

Completion Date: 11/06/2020

Document Submission**Implemented**

Please see attachment for supporting documentation.-CE

103e - Left Overs

1. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an opened container of yogurt with no open date in the refrigerator in the home's SDCU kitchenette.

103e - Left Overs (continued)

Plan of Correction

Accept

Immediately upon finding, yogurt container was discarded from SDU the refrigerator.

10/26/2020)

All Department Coordinators and the Reminiscence (SDU) care managers were provided an in-service by the Executive Director regarding regulation/requirement. All staff are aware that any food items must be labeled and dated appropriately.

The Resident Care Coordinator (RCC) and the Dining Service coordinator to complete kitchenette walkthrough/audit in conjunction with weekly RCC/DSC meeting. The RCC and the DSC will continue to monitor regularly.

The training provided to direct care staff persons by the department coordinators at monthly town hall meeting as well as regularly for all new team members as part of their initial training.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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.

11/6/2020 and ongoing)

Completion Date: 11/06/2020

Document Submission

Implemented

Please see attachment for supporting documentation.-CE

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 10/26/2020, resident #1 had 2 cats in [redacted] room. The home does not have a current certificate of rabies vaccination for these cats. The one on file was valid until 05/15/2020.

Plan of Correction

Accept

The Community has completed full audit of all pet vaccinations to verify they are current and up to date.

10/27/2020)

Rabies vaccination for cats belonging to Resident #1 expired on 5/15/2020, due to COVID restrictions family was unable to take cats out of the community for routine visit. Sunrise staff contacted family following site visit and wellness visit to be scheduled.

The Executive Director spoke to all department heads regarding regulation and requirements. All department heads have been trained on the need for all cats and dogs present at the community shall have a current rabies vaccination. The Activities and Volunteer Coordinator to completed and audit of all vaccination records (of both house pets as well as resident pets) quarterly.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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.

11/6/2020 and ongoing)

Completion Date: 11/06/2020

109b - Rabies Vaccination *(continued)***Document Submission****Implemented***Please see attachment for supporting documentation. CE*

183e Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/26/2020 at 11:50 AM, in the home's medication cart, there was an unopened insulin pen along with an opened one in a plastic zip-lock bag. The insulin pen was for resident #2. According to the manufacturer's instructions, unopened pens should be kept refrigerated.

Plan of Correction**Accept**

The insulin pen for Resident #2 was immediately removed from the cart upon findings.

The Resident Care Director completed full cart audit to ensure that all medications are stored appropriately and in accordance with the manufacturer's instructions.

The Resident Care Director completed in service with all Licensed Practical Nurses (LPN) as well as medication care managers regarding proper storage of all medications. (11/4/2020)

Medication care managers to complete routine cart audits daily, weekly cart audits to be completed by LPN s, and monthly cart audits to be completed by Resident Care Director, RN.

The POC including training progress and monitoring outcomes are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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.

(11/6/2020 and ongoing)

Completion Date 11/06/2020

Document Submission**Implemented***Please see attachment for supporting documentation.-CE*

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The dates on resident #3's 72 hour support plan were originally 09/23/2020 but the home updated it to 10/02/2020 at the time of inspection.

251b - Record Entries Legible (continued)

Plan of Correction

Accept

An audit was completed by Sr. Executive Director of all administration files as well as residency agreements to ensure that all agreements contain appropriate signatures.

(10/27/2020)

Sr. Executive Director provided Inservice to all department coordinators regarding regulation and required signatures on move in paperwork. (10/27/2020)

All new move in paperwork to be reviewed in full by both Director of Sales as well as Business Coordinator to ensure all signatures are present as per regulation.

Quarterly Executive Director and Business Office Coordinator to complete full audit of all administrative files to ensure accuracy and compliance.

The POC including training progress will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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. (11/6/2020 and ongoing)

Completion Date: 11/06/2020

Document Submission

Implemented

Please see attachment for supporting documentation.-CE