

Department of Human Services  
Bureau of Human Service Licensing

October 3, 2022

[REDACTED], PRESIDENT

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2021, 09/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *01/01/2023*  
Address: *247 NORTH MIDDLETOWN ROAD, MEDIA, PA 19063*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/09/1998* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *142* Waking Staff: *107*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/14/2021*

**Inspection Dates and Department Representative**

09/13/2021 - On-Site: [REDACTED]  
09/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *115* Residents Served: *74*

**Secured Dementia Care Unit**

In Home: *Yes* Area: Capacity: *38* Residents Served: *23*

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *68* Have Physical Disability: *1*

Inspections / Reviews

09/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/11/2021*

11/12/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/16/2021*

10/03/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

60c - Housekeeping/Maintenance

1. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 9-13-21, there were several housekeeping task incomplete throughout the common area of the home. At 9:38am ,the following concerns were observed by an agent of the Department while conducting the safety walkthrough of the home:

- Soiled laundry in the hallway located on the 1st floor
- Trash and brooms in the corner of the 1st floor hallway
- Trash can in the 1st floor bathroom without a trash liner

Plan of Correction

Accept

9/13/2021

The Personal Care Coordinator (PCC) immediately removed the soiled laundry located on the 1st floor, as well as the trash and broom in the corner of the 1st floor hallway.

The Housekeeper placed a clean liner in 1st floor bathroom trashcan.

9/13/2021

The PCC did a walkthrough of all resident hallways to verify that no trash or soiled laundry was present.

9/14/2021

The Care Coordinators re-educated care manager staff as to the expectations of trash and soiled laundry being put in its' proper place and not left in hallways.

10/28/2021

The ED re-educated staff at Town hall meeting of the need to keep dispose of trash in designated receptacles and to take soiled laundry directly to laundry rooms for laundering.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 10/28/2021

Document Submission

Implemented

See attached.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9-13-21 at 9:53am, the trash dumpster outside the home was uncovered with trash spilling over the outer compartment of the dumpster.

Plan of Correction

Accept

9/13/2021

The MC picked up trash that had spilled over from the dumpster immediately.

85e - Trash Outside Home (continued)

9/14/2021

The MC placed a call to the trash hauling company to request replacement lids for the dumpster.

10/5/2021

New lids were installed on the dumpster.

10/28/2021

The ED provided education to the team members during the monthly Town Hall Meeting regarding the requirement to have all trash properly disposed of in the dumpster.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 10/28/2021

Document Submission

Implemented

See attached.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The caulking around the sinks and toilets in the bathrooms of the home were not in good repair: the areas of concern are:

- Common area bathroom in memory care located near the wellness office
- Common area bathroom on the 2nd floor located in the hallway opposite end of the wellness center.
- The bathroom located in room # 217.

Plan of Correction

Accept

9/15/2021

The MC replaced the caulking around the sinks and base of the toilets identified; common area bathroom in memory care located near the wellness office, the common area bathroom on the 2nd floor located in the hallway opposite end of the wellness center and, the bathroom located in room # 217.

9/20/2021

The MC completed an audit of toilets in the community to check the condition of the caulking around the sinks and at the base of the toilet. The MC replaced the caulking around the sinks and base of the toilets identified to be not in good repair.

9/20/2021

As residents move out and rooms are inspected for repairs, the condition of the caulking around the sink and at the base of the toilet is checked and replaced as needed.

11/4/2021

The room cleaning checklist the housekeepers use was updated to include looking at the caulking around the sink and of the toilets and reporting any concerns to the MC. The MC corrects any not in good repair.

The updated checklist was reviewed with the housekeepers.

11/23/2021 and up to 3 months

88a - Surfaces (continued)

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 11/04/2021

Document Submission

Implemented

See attached.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room #217 and room #236.

Plan of Correction

Accept

9/13/2021

A list of emergency telephone numbers was immediately placed on the phone in rooms 217 and 236.

The MC and PCC audited each resident room to ensure a list of emergency telephone numbers were in place on each resident's phone.

9/15/2021

Telephones are provided to the residents upon moving in if requested. The landline phone is on the move-in checklist to verify the phone has been placed in the room with the emergency telephone numbers sticker prior to a new resident's move into the community.

10/28/2021

The ED provided education to the team members during the monthly Town Hall Meeting regarding the requirement to have emergency telephone numbers posted on each phone with an outside line.

11/4/2021

The room cleaning checklist the housekeepers use was updated to include looking landline telephones to verify the emergency telephone numbers are in place and replace as needed.

The updated checklist was reviewed with the housekeepers.

The MC or designee audits landline phones in the community once per month to verify that emergency telephone number stickers remain on or near the phone.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

91 - Telephone Numbers (continued)

Completion Date: 11/04/2021

Document Submission

Implemented

See attached.

103g - Storing Food

1. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The ice cream containers in the ice cream freezer were opened and unsealed.

Plan of Correction

Accept

9/13/2021

The DSC has plastic, washable lids to replace the cardboard lids that come with the containers and are bent out of shape and do not go back on the tubs tightly/correctly.

10/30/2021

The DSC added signage above the ice cream freezer reminding staff that all lids must be placed back on the tubs after use of ice cream containers.

10/28/2021

The ED provided education to the team members during the monthly Town Hall Meeting regarding the requirement to have all food stored in closed and sealed containers.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 10/30/2021

Document Submission

Implemented

See attached.

103i - Outdated Food

1. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following were observed in the kitchen on 9-14-21 at 10:34am:

- One 7.25lb dented can of slow cooked baked beans on the rack located in the kitchen.

103i - Outdated Food (continued)

**Plan of Correction**

**Accept**

9/14/2021

The Dining Services Coordinator (DSC) immediately removed the dented can and disposed of it. The DSC checked all can goods in the kitchen to confirm there were no dented cans. If any were identified they were removed. The DSC or designee conducts a daily walk through of the kitchen to verify all food is stored in a sealed and closed container.

11/4/2021

The DSC designated a section of storage, labeled with a sign, to place dented cans until they can be returned or disposed of. The kitchen staff were educated on what to do if dented cans are identified and where to store them until they can be returned or disposed of.

10/28/2021

The ED provided education to the team members during the monthly Town Hall Meeting regarding the requirement to have all food stored in closed and sealed containers.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

**Completion Date: 11/04/2021**

**Document Submission**

**Implemented**

See attached.

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*The resident's medical evaluation did not include the special health or dietary needs for resident #2 and #3.*

**Plan of Correction**

**Accept**

9/14/2021

*Resident # 2 and #3's DME updated to indicate none under section #4 for Special Healthy or Dietary needs.*

9/15/2021

*The Health Care Manager (HCM) or designee completed a review resident DME's to verify section #4 Special Healthy or Dietary needs is completed.*

9/15/2021

*At time of move in the DME is reviewed by the Director of Sales (DOS) and then by HCM or designee to verify section #4 Special Healthy or Dietary needs is completed.*

*The HCM or designee reviews change of condition and annual DMEs for completion upon receipt.*

11/5/2021

*HCM provided re-education to the Wellness team regarding DME completion.*

11/23/2021 and up to 3 months

*The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** 11/05/2021

**Document Submission**

**Implemented**

*See attached.*

## 185a - Implement Storage Procedures

### 1. Requirements

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 9-13-21 at 12:51pm, the glucometer for resident #1 was not calibrated to the correct year.*

#### Plan of Correction

**Accept**

*9/13/2021*

*The glucometer for resident #1 was immediately calibrated to reflect the correct year.*

*9/15/2021*

*The HCM and designee completed a medication to cart audit to verify any other glucometer is calibrated to the correct, year, date and time.*

*11/4/2021*

*The HCM re-educated the Wellness team on the process of correctly documenting accuchecks and verifying that each glucometer is correctly calibrated prior to using.*

*The Wellness nurses or MCMs check that each glucometer in the community is calibrated correctly during the weekly medication cart audits and the HCM checks that each glucometer in the community is calibrated correctly during the monthly cart audits.*

*11/23/2021*

*The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** *11/04/2021*

#### Document Submission

**Implemented**

*See attached.*

## 42c - Treatment of Residents

### 1. Requirements

2600.

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

#### Description of Violation

*On 9-13-2021, staff person A, was observed addressing the maintenance coordinator with the following statement:*

42c - Treatment of Residents (continued)

█ you need to clean this (explicative) up in the room!" Staff person A was referencing a personal care concern in room #124. This statement was made in the midst of other residents, contracted workers, family members, and an agent of the Department.

Plan of Correction

Accept

09/13/21

The Maintenance Coordinator (MC) immediately cleaned the bathroom for room 224.

The MC reported the event to the Executive Director's designee at time of occurrence.

The housekeeper was immediately placed on leave during investigation. The team member was subsequently terminated.

10/28/2021

The Executive Director (ED) held a townhall meeting to address all Coordinators and staff regarding how to handle peer to peer interactions/conversations and a review of resident's rights.

9/13/21

The MC reviewed job responsibilities with housekeeping staff.

10/28/21

The Executive Director (ED) held a townhall meeting to address all Coordinators and staff regarding how to handle peer to peer interactions/conversations and a review of resident's rights.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 10/28/2021

Document Submission

Implemented

See attached.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9-13-21 the glucometer for resident #1 had undocumented numbers stored in the machine. The dates are as followed:

8-9-21 at 6:32pm, 267

8-16-21 at 8:21am, 128

8-26-21 at 11:50 156

8-26-21 at 5:01 203

8-26-21 at 7:50pm 166

8-26-21 at 7:19pm 94

8-31-21 at 7:37pm 84

9-7 -21at 5:04pm 89

85a - Sanitary Conditions (continued)

On 9-14-21 at 10:38am, the ice cream freezer had spilled ice cream and stains in it.

**Plan of Correction**

**Accept**

9/13/2021

The Health Care Manager (HCM) checked that resident #1 had their own correctly calibrated, labeled glucometer and an order for as needed (PRN) accuchecks.

9/13/2021

The ice cream freezer was cleaned by the Dining Services Coordinator (DSC).

9/14/2021

The HCM checked that each resident prescribed accuchecks had their own correctly calibrated, labeled glucometer and an order for as needed (PRN) accuchecks.

11/4/2021

The wellness staff was educated by the HCM on the need to have a PRN accucheck order to be able to document any as needed checks and on verifying that glucometers are to be used for only the resident on the corresponding label. The wellness staff, including the HCM, the wellness nurses and the MCMs complete monthly glucometer audits for each accucheck machine to verify each case is labeled with the residents' full name and PRN accuchecks are being documented in the residents MAR.

11/23/2021 and up to 3 months

The POC is reviewed and evaluated by the ED and coordinators at the monthly Quality Management (QAPI) meeting for 3 months to verify effectiveness. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

**Completion Date:** 11/04/2021

**Document Submission**

**Implemented**

See attached.