Department of Human Services
Bureau of Human Service Licensing

February 1, 2022

[redacted], AUTHORIZED PERSON
[redacted]

RE: SUNRISE OF UPPER ST. CLAIR
500 VILLAGE DRIVE
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 44882

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021, 11/04/2021, 11/05/2021 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

January 11, 2022

[redacted] AUTHORIZED PERSON
[redacted]

RE: SUNRISE OF UPPER ST. CLAIR
500 VILLAGE DRIVE
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 44882

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/02/2021, 11/03/2021, 11/04/2021, 11/05/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 - PUBLIC

Facility Information

Name: *SUNRISE OF UPPER ST. CLAIR* **License #:** *44882* **License Expiration:** *12/15/2022*

Address: *500 VILLAGE DRIVE, UPPER ST. CLAIR, PA 15241*

County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *10/25/2005* **Issued By:** *Township of Upper St. Clair*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *93* **Waking Staff:** *70*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *11/05/2021*

Inspection Dates and Department Representative

11/02/2021 - On-Site: [redacted]

11/03/2021 - On-Site: [redacted]

11/04/2021 - On-Site: [redacted]

11/05/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served:** *56*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *3rd Floor* **Capacity:** *36* **Residents Served:** *13*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *37*

Have Physical Disability: *1*

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/08/2022*

01/11/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/17/2022*

02/01/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 11/3/21, a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home. A copy was posted on the bulletin board in the first-floor kitchen area which is not accessible to residents and the public.

Plan of Correction ***Accept***

A copy of 55 Pa Code Chapter 2600 placed at the entrance of the community in a conspicuous and public place.
The violation was reviewed with the concierge as well as department coordinators to ensure understanding of requirement.
During the weekly community walkthrough, the Executive Director (ED) will verify that the current license, a copy of the current license inspection summary issued by the Department and a copy of chapter 2600 is posted in a conspicuous and public place.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, hired [redacted], did not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept***

Direct care staff person A was not actively employed by the community at the time of licensing inspection.
The Business Office Coordinator (BOC) was retrained on required qualifications for each staff person based on position.
The violation was reviewed with department coordinators to ensure understanding of requirements.
The ED or designee to complete an audit of active staff person files to verify there is proof of qualifications for each staff person based on position.
Upon hire of a new staff person the BOC or designee audits the personnel requirements to verify there is proof of qualifications for each staff person based on position.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no

54a - Direct Care Staff (continued)

longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Document Submission ***Implemented***

document submitted electronically

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person, B, hired [redacted], did not receive orientation in any of the required topics in accordance with 2600.65a.

Staff person, C, hired [redacted], did not receive orientation in any of the required topics in accordance with 2600.65a.

Plan of Correction ***Accept***

We respectfully request that this violation be withdrawn. Upon exit, further audits were completed by the community and the individual records of training was located for staff person B. The records of training include proof of completed first workday orientation. (See supplemental documentation) While violation report states staff persons hire date was [redacted] the staff persons first day at the community to work was [redacted] as verified by the staff persons timecard. (See supplemental documentation staff person B's timecard)

Staff person B first day of work at the personal care home was [redacted] Staff person B received orientation in the required topics in accordance with 2600.65a on their first day at the community.
Staff person C received training on required topics in accordance with 2600.65a and all appropriate documentation obtained and filed in the staff person's personnel record.
The violation was reviewed with the BOC as well as all department coordinators to ensure understanding of requirements.
The ED or designee to complete an audit of active staff person files to verify there is proof of received training on required topics in accordance with 2600.65a.
Upon hire of a new staff person first day work orientation is provided and documented. The proof of completion is provided to the BOC and filed in the staff person's personnel record. T
Upon hire of a new staff person the BOC or designee audits the personnel requirements to verify there is proof of training completion on required topics in accordance with 2600.65a.

65a - FS Orientation 1st Day *(continued)*

Document Submission ***Implemented***

document submitted electronically

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person, B, whose first day of work was [redacted], and has completed 40 hours of work in the home, did not receive orientation in any of the required topics in accordance with 2600.65b.

Plan of Correction ***Accept***

We respectfully request that this violation be withdrawn. Upon exit, further audits were completed by the community and the individual records of training was located for staff person B. The records of training include proof of completed training with the first 40 scheduled working hours. (See supplemental documentation) While violation report states staff persons hire date was 1/2/2020, the staff persons first day at the community to work was 1/12/2020 as verified by the staff persons timecard. (See supplemental documentation staff person B's timecard) Staff person B first day of work at the personal care home was 1/12/2020. Staff person B received training on the required topics in accordance with 2600.65b on their first day at the community.
The violation was reviewed with the BOC as well as all department coordinators to ensure understanding of requirements.
The ED or designee to complete an audit of active staff person files to verify there is proof of received training on required topics in accordance with 2600.65a.
Upon hire of a new staff person first day work orientation is provided and documented. The proof of completion is provided to the BOC and filed in the staff person's personnel record. T
Upon hire of a new staff person the BOC or designee audits the personnel requirements to verify there is proof of training completion on required topics in accordance with 2600.65a.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

81b - Resident Personal Equipment

1. Requirements

2600.

81b - Resident Personal Equipment *(continued)*

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The armrest on the left side of resident #1's wheelchair was torn, with foam protruding out. posing a skin tear hazard.

Plan of Correction ***Accept***

Upon exit, resident #1's wheelchair arm was repaired/replaced.
The ED reviewed violation with wellness nurses as well as department heads to ensure that team members are aware of requirements.
An inspection of all resident wheelchairs was completed to determine if any others needed repair/replacement.
Care Managers to evaluate individual resident medical equipment during weekly cleaning of wheelchairs and report any possible hazards to both resident care directors as well as the Maintenance Coordinator (MC). Resident personal equipment will be replaced and/or repaired as needed.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

82a - Poisonous Materials

1. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 11/2/21, at approximately 9:10 a.m., there was a spray bottle in the cleaning cart with only a handwritten label indicating "peroxide."

Plan of Correction ***Accept***

Upon finding the spray bottle in the cleaning cart, the bottle was immediately discarded and replaced with a bottle that had an original label.
An audit of cleaning carts was completed to verify there were no other bottles with handwritten labels.
The MC conducted training with housekeepers to ensure understanding of requirement.
The ED reviewed violation with all department coordinators.
The ED and MC to monitor compliance with poisonous materials stored in their original, labeled containers during weekly community walkthrough.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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

Document Submission ***Implemented***

document submitted electronically

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/2/21 at 11:02 a.m., the temperature in the freezer of the refrigerator/freezer measured 18 degrees Fahrenheit in the kitchen in the secured dementia care unit (SDCU).

Plan of Correction ***Accept***

The MC inspected the refrigerator and verified it was in working order. The temperature was checked again and was identified to be within the appropriate range.
An audit was completed of other refrigerators to verify refrigerated food is being stored at or below 40°F.
The ED reviewed violation with department coordinators, which included the Reminiscence Coordinator (RC) as well as the Dining Services Coordinator (DSC) to ensure understanding of violation/requirements.
The RC conducted an in-service with the Reminiscence Care Managers regarding monitoring requirements of the refrigerator and freezer temperatures and how to notify the department heads of any issues.
The RC and the DSC to review/monitor temperatures weekly during RC/DSC meeting.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

103i - Outdated Food

1. Requirements

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

Description of Violation

On 11/2/21, an undated bag of crab cakes was stored in the walk-in freezer.

Plan of Correction ***Accept***

The bag of crab cakes which was stored in the walk-in freezer was discarded immediately.
The walk-in freezer was inspected to verify there were no other undated foods being stored.
The DSC reviewed the violation with all dietary staff to ensure understanding of requirement.
The DSC or designee monitors proper food storage and labeling during a weekly kitchen inventory review and walkthrough.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

162c - Menus Posted

1. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 11/2/21, there was no menu posted for the current week of 11/2/21 – 11/9/21 in the SDCU. The posted menus were dated for previous months.

Plan of Correction ***Accept***

Upon exit, the current menus were posted within the community including in the reminiscence neighborhood.
The ED reviewed violation with department coordinators, which included the RC as well as the DSC to ensure understanding of violation/requirements.
The RC and the DSC to review/monitor temperatures weekly during RC/DSC meeting.
The ED or designee monitor the posting of the current menus during the weekly community walkthrough.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

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

There were two bottles of [redacted] on the medication cart for resident #3. This medication is not on the resident's November 2021 medication administration record (MAR), and according to staff person C, the resident does not receive this medication.

Plan of Correction ***Accept***

The two bottles of Allegra Allergy 24-hour on the medication cart for resident #3 were removed.
An audit of medication carts was completed to verify there were no other medication in the medication carts that are no currently prescribed.
The Resident Care Director (RCD) reviewed the requirement and the violation with the medication care managers (MCM) and wellness nurses during monthly medication care manager meeting to ensure that MCM's had understanding of requirements.
The Wellness nurses and RCD to complete routine Medication Administration Record (MAR) to the medication cart audits for the medication carts monthly, in addition to regularly completed cart audits done by MCM's.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation

185a - Implement Storage Procedures (continued)

does not occur again.

Document Submission ***Implemented***

document submitted electronically

187a - Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed [redacted], 1 tablet every 12 hours, however, the medication is not included on the November 2021, medication administration record (MAR).

Plan of Correction ***Accept***

Resident #1's prescription for [redacted], 1 tablet every 12 hours was verified with the physician and then added to MAR.
Reconciliation of resident orders and was documented on the MAR was completed to verify all orders for resident are captured.
The RCD held meeting with Wellness Nurses and MCM regarding inputting resident orders and reviewing resident orders to ensure accuracy in MAR.
The Wellness nurses and the RCD to complete routine MAR to Cart audits to all medication carts monthly, in addition to regularly completed cart audits done by MCM's.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

On 10/24/21, staff person D administered resident #4's medications to resident #5.

Plan of Correction ***Accept***

Staff person D was employed by a staffing agency, immediately upon identifying the error the agency was notified and the LPN was educated on 5 rights of administration. The community requested at that time that the LPN not return to the community.
The RCD held a meeting with the MCMs to review 5 rights of administration, including following physician orders.
As part of orientation for agency team members nursing staff educate on 5 rights of administration as well as documentation.

187d - Follow Prescriber's Orders (continued)

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically

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

On 11/4/21, there were no emergency telephone numbers posted on or by the telephone in bedroom 208.

Repeat violation: 5/30/19

Plan of Correction ***Accept***

Emergency numbers were immediately added to resident telephone in room #208.
An audit was completed of all telephones within the community and confirmed that all current telephones have emergency stickers intact.
The ED reviewed requirement with department head team, emergency stickers will now be provided to resident suite at time of move in.
The PCC/RC to regularly monitor resident suites to verify phones in resident suites with an outside line contain emergency information.
The ED verifies common area telephones have emergency stickers in place during routine weekly walkthrough of community.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (Quality Management) meeting to ensure it is still effective. 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.

Document Submission ***Implemented***

document submitted electronically