

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED]
SZR HAVERFORD AL OPCO LLC

[REDACTED]

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

Dear Ms. [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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 HAVERFORD* License #: *14492* License Expiration: *01/01/2023*
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: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
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: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

04/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

04/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2022*

Inspections / Reviews (*continued*)

05/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2022*

05/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/2/22, at 5:30 pm, an allegation of inappropriate touch was reported to staff person A, by resident #1. This incident was reported to staff person B on 4/2/22, at 6:30 pm. However, this allegation of abuse was not reported to Area Office of Aging until 4/4/22.

Plan of Correction

Accept

On 4/2/22, staff member A attempted to contact Area Agency on Aging but was unable to file a report. A subsequent report was filed with the agency on 4/4/22.

The Resident Care Coordinator conducted a review of all reportable incidents between 4/2/22 through 5/5/22 to ensure any reportable incidents were reported to Area Agency on Agency as needed. There were no allegations of abuse noted in the facility during this time.

Resident Care Coordinator (RCC) to conduct training on reporting requirements which requires a report to be made to the Area Agency on Agency upon immediately receiving any concern, suspicion, or allegation of abuse.

When an allegation of suspected abuse is reported, the staff person who is informed is responsible for immediately reporting the allegation to the Area Agency on Aging.

The Executive Director and/or designee will complete review of reportable incidents at daily interdisciplinary meeting to ensure any allegations of suspected abuse are reported immediately to the Area Agency on Aging.

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED 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 and training will be implemented and monitored to ensure the violation does not occur again.

Document Submission

Implemented

Provide documentation of training.

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 4/2/22, at 5:30 pm, staff person A, reported an incident involving resident #1. The allegation involved an alleged unknown person tried to kiss resident #1 and touched [redacted] breast. Staff person A, reported the incident to staff person B, on 4/2/22 at 6:30 pm. However, this allegation of abuse was then reported to staff person C, who failed to place staff person D, on leave pending investigation. Staff person D, continued working in the home on 4/2/22 and returned to work on 4/3/22 for the morning shift. Staff person D was not suspended until 4/4/22.

15c - Supervision (continued)

Plan of Correction

Accept

On 4/4/22, staff member D was placed on administrative leave.

The Resident Care Coordinator conducted a review of all reportable incidents between 4/2/22 through 5/5/22 to ensure staff members were placed on administrative leave due to any allegations of suspected abuse. There were no allegations of abuse noted in the facility during this time.

Resident Care Coordinator (RCC) to conduct training for staff persons when an allegation of abuse is received, if it identifies an involvement of a staff person, the supervisor will immediately place the staff person on suspension pending investigation.

When an allegation of suspected abuse is reported, the supervisor who is informed is responsible for immediately placing the staff person on suspension pending investigation.

The Executive Director and/or designee will complete review of reportable incidents at the daily interdisciplinary meeting to ensure any staff persons identified in any allegations of suspected abuse were immediately placed on suspension pending investigation.

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED 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 and training will be implemented and monitored to ensure the violation does not occur again.

Document Submission

Implemented

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 4/2/22, resident #1 reported an incident of abuse to staff person A. The allegation involved concerns with inappropriate touch of the resident. The home did not report this incident to the Department until 4/4/22.

Plan of Correction

Accept

On 4/4/22, the facility submitted a reportable incident regarding the allegation of suspected abuse to the Department of Human Services.

The Resident Care Coordinator conducted a review of all reportable incidents between 4/2/22 through 5/5/22 to ensure any reportable incidents were reported to Department of Human Services within twenty-four hours. There were no allegations of abuse noted in the facility during this time.

Resident Care Coordinator (RCC) to conduct training on reporting requirements to Department of Human Services within twenty-four hours of receiving any concern, suspicion, or allegation of abuse.

When an allegation of suspected abuse is reported, the Executive Director and/or designee will submit a reportable incident to the Department of Human Services within twenty-four hours.

The Executive Director and/or designee will complete review of reportable incidents at daily interdisciplinary meeting to ensure any allegations of suspected abuse are reported to Department of Human Services within twenty-four hours.

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED 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 and training will be implemented and monitored to ensure the violation does not occur again.

Document Submission

Implemented

Provide documentation of training.

VIOLATION WITHDRAWN MJ 5/31/22

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

VIOLATION WITHDRAWN MJ 5/31/22