

Department of Human Services
Bureau of Human Service Licensing

June 3, 2022

[REDACTED], EXECUTIVE DIRECTOR

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 04/12/2022 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 - PUBLIC

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-1* Date: *09/09/2018* Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *154* Waking Staff: *116*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/12/2022*

Inspection Dates and Department Representative

04/12/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes* Area: *REM* Capacity: *35* Residents Served: *30*

Hospice

Current Residents: *17*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *69* Have Physical Disability: *7*

Inspections / Reviews

04/12/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2022*

Inspections / Reviews (*continued*)

05/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/26/2022*

06/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 4/05/22, a total of 115.5 hours of direct care was required. However, only 109 of the required hours, were provided during waking hours.

Plan of Correction

Accept

The Executive Director (ED) and Care Coordinators reviewed the schedule to verify that at least that at least 75% of the personal care service hours are scheduled and provided during waking hours.

The team will review the needs of the residents daily and verify that sufficient staff have been scheduled to provide at least 75% of the personal care service hours during waking hours and community is meeting staffing requirements. Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified. The Care Coordinators and ED work together to verify proper staffing levels for each neighborhood and verify that at least that at least 75% of the personal care service hours are scheduled and provided during waking hours.

During the monthly Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if it is still effective. If not effective, the POC will be amended, implemented, and monitored.

Completion Date: 05/25/2022

Document Submission

Implemented

Review staffing daily at stand up. Reviewed POC at QAPI

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.

65d - Initial Direct Care Training (continued)

- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Direct Care Staff Person A is no longer employed at the community.

The ED and Coordinators audited personnel files to verify that currently employed care staff persons had the department approved direct-care training course and passed the competency test. Any care staff persons identified as not having documentation of the course and competency test were immediately taken off the schedule and completed the required course and test.

New Hires are reviewed daily in the morning stand up meeting. The coordinators and the ED work together to verify that new care staff persons have completed the approved direct-care training course and passed the competency test prior to providing unsupervised ADL services.

The Business Office Coordinator (BOC) verifies that the documentation of the course and competency test are filed in the new hire's employee file. The ED audits new hire files monthly, to verify the documentation of the direct-care training course and competency test is in their files.

During the monthly Quality Management meeting the ED and Coordinators will review the POC to determine if it is still effective. If not effective, the POC will be amended, implemented, and monitored.

Completion Date: 05/25/2022

Document Submission

Implemented

- Audit Tool
- Stand up prompter
- QAPI sign in for 5/25

252 - Record Content

1. Requirements

- 2600.
- 252. Content of Resident Records - Each resident's record must include the following information:
 1. Name, gender, admission date, birth date and Social Security number.
 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 3. A photograph of the resident that is no more than 2 years old.

252 - Record Content (*continued*)

4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #1's record does not include a copy of the incident reportable.

Plan of Correction**Accept**

Resident #1's record was updated to include a copy of the reportable incident.

The ED and the Care Coordinators conducted an audit of all reportable incidents from 1/1/2022 through 5/5/2022 and verified they were present in the involved residents' files.

Reportable Incidents are reviewed daily in the morning stand up meeting. Any reportable incidents from the previous day are reviewed. A copy of any reportable incidents is given to the Care Coordinators. The Care Coordinator is responsible for placing a copy of the incident reportable into the corresponding resident file.

The Executive Director will conduct a monthly audit of the prior months reportable incidents and verify a copy is in each corresponding resident's file.

During the monthly Quality Management meeting the ED and Coordinators will review the POC to determine if it is still effective. If not effective, the POC will be amended, implemented, and monitored.

Completion Date: 05/25/2022

252 - Record Content (continued)

Document Submission

Implemented

Audit

Audit tool

QAPI sign in sheet

Stand up prompter

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [redacted]/22, staff person A was whistling, banging on the table and being loud in the dining room. Resident #1 yelled at staff person A to stop. Staff person A started yelling at resident #1 saying "You are not the boss of me, and you don't pay my check." Staff person B, was present in the dining room, overheard this statement. Staff person B reported hearing the argument and went to check on the resident.

Repeat violation: 09/13/2021, 5/17/2021

Plan of Correction

Accept

Staff Person A was immediately placed on administrative leave by the Care Coordinator on duty at the time of the incident on [redacted]/2022.

An investigation was conducted and subsequently Staff Person A was terminated on [redacted] 22.

Training was conducted for all team members starting on 4/5/22 on Resident Rights, Complaint Procedures, and Abuse prevention, reporting, and investigation.

Town Hall meetings have been and will be conducted to include training on de-escalation, potential triggers, customer service, mandated reporting, dignity, and employee code of conduct.

The ED and Care Coordinators conduct weekly audits of the dining room to verify noise levels and staff persons customer service skills.

Resident Council is available monthly, for residents to voice their concerns. The ED and Care Coordinators review Resident Council Meeting minutes during the daily stand-up meeting and as part of the Quality Management meeting.

During the monthly Quality Management meeting the ED and Coordinators will review the POC to determine if it is still effective. If not effective, the POC will be amended, implemented, and monitored.

Completion Date: 05/25/2022

Document Submission

Implemented

Training documentation

Stand up prompter review

42c - Treatment of Residents (continued)

Town hall meeting notes
dining room audits

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1, participated in the development of [REDACTED] support plan on [REDACTED] However, the resident did not sign the support plan.

Repeat violation: 05/17/2021

Plan of Correction

Accept

Resident #1's Individual Support Plan (ISP) was reviewed and signed the care plan meeting.

The ED reviewed the care plan meeting expectations with the Care Coordinators.

Upon admission, change of condition and annually the Health Care Coordinator (HCC) and respective Care Coordinator review resident needs and develop an ISP based off assessment, medical evaluation, and input from the direct care staff. The Care Coordinators review the assessment and ISP results with the resident and responsible party to ensure that it is consistent with resident needs and services provided. During the care plan meeting a signature is obtained from participants.

An audit was conducted for residents to verify signatures on the ISP. Any residents identified as not having signatures have been obtained.

ISP's are reviewed daily in the morning stand up meeting. The Coordinators and the ED work together to verify that signatures are present. The Care Coordinator files the ISP in the resident file.

During the monthly Quality Management meeting the ED and Coordinators will review the POC to determine if it is still effective. If not effective, the POC will be amended, implemented, and monitored.

Completion Date: 05/25/2022

Document Submission

Implemented

Support Plan signature
Stand up prompter
QAPI meeting minutes