

Department of Human Services
Bureau of Human Service Licensing

September 9, 2022

[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2022 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

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] 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: *79* Working Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/07/2022*

Inspection Dates and Department Representative

06/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *REM* Capacity: *17* Residents Served: *16*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

06/07/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/19/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/25/2022*

09/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Resident 1 is prescribed Tylenol Extra Strength Tablet 500 mg [REDACTED]. On [REDACTED]/22 this medication was not available in the home.

Plan of Correction**Accept**

The Resident Care Director (RCD) re-ordered resident #1's Tylenol Extra Strength 500mg [REDACTED] medication. The resident did not experience any adverse effects due to the medication not being available. ([REDACTED]/22)

The retraining of procedures for re-ordering medications timely is being conducted with the medication care managers (MCM). ([REDACTED]/22)

During medication administration if the MCMs identify a medication that needs re-ordering it will be ordered during the shift. ([REDACTED]/22)

The MCM completed medication administration to cart audits weekly to check for missing medications and medications that need to be re-ordered. ([REDACTED]/22)

The RCD or designee completes medication administration to cart audits monthly to check for missing medications and medications that need to be re-ordered ([REDACTED]/22 and ongoing).

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director (ED) and coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. ([REDACTED]/22 and ongoing)

Completion Date: 09/14/2022

Update: 08/19/2022

Provide documentation of training.

Document Submission**Implemented**

The Resident Care Director (RCD) re-ordered resident #1's Tylenol Extra Strength 500mg [REDACTED] medication. The resident did not experience any adverse effects due to the medication not being available. ([REDACTED]/22)

The retraining of procedures for re-ordering medications timely is being conducted with the medication care managers (MCM). ([REDACTED]/22)

During medication administration if the MCMs identify a medication that needs re-ordering it will be ordered during the shift. ([REDACTED]/22)

The MCM completed medication administration to cart audits weekly to check for missing medications and medications that need to be re-ordered. ([REDACTED]/22)

The RCD or designee completes medication administration to cart audits monthly to check for missing medications and medications that need to be re-ordered ([REDACTED]/22 and ongoing).

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director (ED) and coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. (9/14/22 and ongoing)

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.
 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 and 2's records does not include a record of incident reports for the individual resident.

Plan of Correction

Accept

The Resident Care Coordinator (RCC) placed a copy of the reportable incident report for resident 1 and 2 in their resident record. (█/22)

An audit was conducted of all reportable incidents for the prior three months to verify a copy of the incident reports were included in the resident records. (█/22)

The Director of Operations conducted training with the RCC and RCD on requirement of having reportable incidents included in a resident's record. (█/22)

The ED or designee will conduct a monthly audit of the reportable incidents to verify a copy has been placed in the residents' records. (█/22 and ongoing)

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 for 3 months to verify 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. (9/14/22 and ongoing)

252 - Record Content (continued)

Completion Date: 09/14/2022

Update: 08/19/2022

Provide documentation of training.

Document Submission**Implemented**

The Resident Care Coordinator (RCC) placed a copy of the reportable incident report for resident 1 and 2 in their resident record. (████/22)

An audit was conducted of all reportable incidents for the prior three months to verify a copy of the incident reports were included in the resident records. (████/22)

The Director of Operations conducted training with the RCC and RCD on requirement of having reportable incidents included in a resident's record. (████/22)

The ED or designee will conduct a monthly audit of the reportable incidents to verify a copy has been placed in the residents' records. (████/22 and ongoing)

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 for 3 months to verify 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 isolation does not occur again. (████/22 and ongoing)