Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

March 3, 2023

SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP

RE: SUNRISE OF BLUE BELL
795 PENLLYN BLUE BELL PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 14487

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2023, 01/06/2023, 01/18/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF BLUE BELL* **License #**: *14487* **License Expiration**: *01/01/2024*

Address: *795 PENLLYN BLUE BELL PIKE, BLUE BELL, PA 19422*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: **Email**:

Legal Entity

Name: *SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP*

Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/26/1996* **Issued By**: *Whitpain Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *82* **Waking Staff**: *62*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *01/18/2023*

Inspection Dates and Department Representative

01/05/2023 - On-Site:

01/06/2023 - Off-Site:

01/18/2023 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *51*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *45* **Residents Served**: *20*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *52*

Diagnosed with Mental Illness: *21* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *31* **Have Physical Disability**: *1*

Inspections / Reviews

01/05/2023 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/10/2023*

Inspections / Reviews *(continued)*

02/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/02/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/13/2023*

02/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/02/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/03/2023*

03/03/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *03/02/2023*

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

90b - Staff Communication

1. Requirements

2600.
90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency.
On [redacted], the home served 55 resident in the home. Staff person A, found resident #1 on the floor due to an unwitnessed fall. Staff person A, left resident #1 alone, failing to utilize the staff communication system to gain assistance from other staff working in the home.

Plan of Correction ***Directed (MJ - 02/13/2023)***

Executive Director ensured that there were functioning scout phones available to all Care Managers.

The Executive Director (ED) will complete a review with all the Coordinators on the importance of the scout phones being used and why. Scout phones are the form of communication that Sunrise uses between team members as well as how the care managers are alerted to when a call bell is pulled showing a resident is in need of assistance.

All staff members will be re-educated on how/when to use the scout phone.

Starting 03/01/2023, and up to 3 months, during shift-to-shift transition of staff the Coordinator or appointed designee will verify that the staff have been assigned a scout phone and scout phones are functional.

During the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Directed

Within 10 calendar days of the accepted plan of correction: Executive Director or designee will re-educate all staff members on how to use the home's communication system. Staff members will test the operation of the system at the beginning of each shift. Documentation of education will be kept for Department review.

Directed Completion Date: *03/01/2023*

Implemented (MJ - 03/03/2023)

201 - Positive Interventions

2. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 was admitted to the home on [redacted], resident #1 was admitted with difficulty walking, a fracture of the neck of the left femur. On [redacted], resident #1 was heard by staff person A, calling for help. Resident #1 fell while trying to exit the bathroom. The home failed to implement positive interventions of the home's Fall Policy. The Fall Policy known as APIE (Assess, Plan, Implement and Evaluate) would assist with identifying a fall risk, implement interventions to prevent falls, ensure a safe environment to reduce a fall, manage falls when they occur and evaluate the effectiveness. This protocol measure was not complete upon admission to the home.

Resident #2, can become combative when anxious. The home has not implemented positive interventions to modify or eliminate the behavior. On [redacted], at 1:50 pm, staff person B physically restrained resident #2 in the common area of the memory care unit. Staff person B, admitted to physically immobilizing the arms of resident #2 to avoid being hit and to avoid the resident from hitting other residents in the area.

Plan of Correction ***Accept (MJ - 02/10/2023)***

Resident 1 was sent to the emergency room on [redacted] to assess for injuries and to be treated. Resident 1 did not return to Sunrise Senior Living of Blue Bell due to rehabilitation that was needed after the fall.

Resident 2 was assessed by the Care Team and the care plan was updated to show ways to support the resident when they are combative or anxious.

New residents will be assessed for fall risk when entering the community. If resident is a fall risk, mobility concerns will be noted and a precaution will be documented in the care plan.

The Leadership team, Direct Care Staff, Medication Care Managers and Wellness Nurses are alerted to the mobility concerns for new resident and trained on what precautions need to be put in place specific to said resident by Resident Care Director and Care Coordinators.

With each new assessment, the Resident Care Director will ensure that all new residents are assessed, interventions are developed and implemented as needed per the resident needs.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Licensee's Proposed Overall Completion Date: *03/16/2023*

Implemented (MJ - 03/03/2023)

202 - Prohibitions

3. Requirements

2600.
202. The following procedures are prohibited:
1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [redacted] resident #2 was physically restrained in the common area of the memory care unit by staff person B. Staff person B, admitted to physically immobilizing the arms of resident #2 to avoid being hit and to avoid the resident from hitting other residents in the area. Staff person B, reported to the Department that resident #2 can be combative when becoming anxious.

Plan of Correction ***Accept (MJ - 02/10/2023)***

Resident 2 was assessed for injuries by the Resident Care Director immediately following the incident. Resident had a sore neck and upon deep palpitation on each side of the neck, resident stated "ouch". There were no limits to movement and resident was not aggravated. Nursing continued to monitor for further treatment if needed. No further treatment was needed.

Staff person B was placed on administrative leave immediately following the incident. On [redacted], with stated approval, staff person B was placed on a supervision plan that will be in effect for 30 days and returned to work. Supervision plan was lifted, per state approval, on [redacted].

Staff member B was trained on proper de-escalation techniques and will not work alone with any resident and will be shadowed by a senior team member to ensure proper techniques are being used.

The Executive Director (ED) met with Staff member B weekly to process the week and to talk through techniques being used.
The Resident Care Director will train all staff on proper de-escalation techniques when working with agitated residents.

The leadership team will do random walk arounds of the community to ensure that restraints are no being used

202 - Prohibitions (continued)

with residents.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Licensee's Proposed Overall Completion Date: *03/16/2023*

Implemented (MJ - 03/03/2023)