

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 2, 2023

[REDACTED]
SZR GRANITE RUN AL OPCO LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF GRANITE RUN
247 NORTH MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14490

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2023, 01/12/2023, 01/13/2023 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF GRANITE RUN* License #: *14490* License Expiration: *01/01/2024*
 Address: *247 NORTH MIDDLETOWN ROAD, MEDIA, PA 19063*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SZR GRANITE RUN AL OPCO LLC*
 Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/01/1996* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *01/13/2023*

Inspection Dates and Department Representative

01/11/2023 - On-Site: [REDACTED]
 01/12/2023 - On-Site: [REDACTED]
 01/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *38* Residents Served: *27*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

01/11/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2023*

Inspections / Reviews *(continued)*

02/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/17/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed from the room on [REDACTED]; however, the resident's refund was not issued until [REDACTED].

Plan of Correction

Accept (MJ - 02/06/2023)

The Executive Director (ED) and Business Office Coordinator (BOC) audited all discharged resident files from 12/1/2021 to verify that residents requiring a refund, received their refund within 30 days from the day the resident's room was cleared of personal belongings.

Resident move outs are reviewed daily in the morning stand up meeting. Any resident whose room is cleared of personal belongings are identified. The BOC and ED will complete a move out form for processing any refund required.

The BOC and ED meet weekly to discuss resident move outs for the week to verify the refund has been processed. During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], staff member A was witnessed physically and verbally abusing resident #2 by pulling on her/his arms, open handedly slapping resident on their right shoulder and telling the resident not to ask to use the toilet any more in an aggressive manner while using profanities. This incident was witnessed by staff member B.

Plan of Correction

Accept (MJ - 02/06/2023)

Staff Person A was immediately placed on administrative leave by the Care Coordinator on duty at the time of the incident on [REDACTED]. An investigation was conducted and subsequently Staff Person A was terminated on [REDACTED]. Training was conducted for all team members starting on 12/14/22 on Resident Rights, Complaint Procedures, and Abuse prevention, reporting, and investigation.

Town Hall meetings have been and will be conducted to include training on mandated reporting and abuse prevention.

Resident Council is available monthly, for residents to voice their concerns.

The Executive Director and Care Coordinators review Resident Council Meeting minutes during the daily stand-up meeting and as part of the Quality Assurance and Performance Improvement (QAPI) meeting.

42b - Abuse (continued)

During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented (MJ - 03/02/2023)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home uses video recording devices at the entrances and exits for staff and resident safety. The disclosure of the video recording is not included in the resident agreement and the home does not have signs posted in the areas that are being recorded.

Plan of Correction

Accept (MJ - 02/06/2023)

All current residents/responsible parties received notification of the use of video recording devices at the entrance and exits of the building. The notification has been placed in all resident administrative files.

The residency agreement for all new residents has been updated to reflect the use of video recording devices at the building.

A sign notifying residents and visitors of video recording was placed at the entrance of the community on 1/12/23. The Executive Director (ED) or designee conducts weekly audits to verify the notification sign of video recording is present.

During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the ED and Coordinators will review the Plan of Correction (POC) to determine if 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.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms do not have an operable ventilation fan. The rooftop exhaust fans are inoperable and, as a result, the bathroom exhaust fans are not working.

Plan of Correction

Accept (MJ - 02/06/2023)

The rooftop exhaust fan was repaired on 1/16/23.

The Maintenance Coordinator (MC) audited all bathroom exhaust fans in the community to verify they are

86b - Bathroom (continued)

operational.

The MC verifies the rooftop exhaust fans are operable monthly.

The MC and Care Coordinators will conduct weekly room audits to verify the exhaust fans are operational.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

95 - Furniture and Equipment**5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathroom off the personal care dining room flooded and overflowed twice, on 01/11/23 and 01/13/23, during this three day inspection. Maintenance personnel state there is nothing wrong with the toilet but agreed during the exit interview that the drainage line should be checked.

Plan of Correction

Accept (MJ - 02/06/2023)

The drainage line for the personal care dining room bathroom was inspected on 1/13/23 without findings.

The MC replaced the toilet bowl with a penguin toilet which will not overflow.

The Maintenance Coordinator (MC) conducted audits of all public bathrooms in the community on 1/13/23 to verify they were in working order.

The MC and the Executive Director will conduct audits of public bathrooms in the community on a weekly basis to ensure they are functioning properly.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

97 - Elevators/Lifting Devices**6. Requirements**

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The home's elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority.

97 - Elevators/Lifting Devices (continued)

Plan of Correction

Accept (MJ - 02/06/2023)

The community elevator has a current certificate of operation dated 12/29/22 and expires 10/31/24. The certificate was received on 1/16/23 and immediately posted.

The Maintenance Coordinator (MC) will audit community elevator licenses and inspections monthly to verify they are posted. Any licenses, inspections, or certifications that are 30 days from expiring will be reviewed by the Executive Director and submitted for renewal.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

100a - Exterior - Free of Hazards

7. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 01/12/23, upon arrival at 9:00 am, a fallen lamp post was observed just off the parking lot with shattered glass from the light fixture in an actual parking space. Additionally, the fallen lamp was still connected to an underground electrical source and the base of the post appeared damaged.

Plan of Correction

Accept (MJ - 02/06/2023)

On 1/12/23 at 9:30AM, the lamp post and the glass were removed from the parking lot. The lamp post falling occurred between 1/11/23 10pm and 1/12/23 at 9am, when it was discovered.

The Maintenance Coordinator (MC) and Executive Director (ED) verified all existing outside lights were functional and free from hazard.

The MC audits the community grounds to identify potential hazards or repair needs, monthly.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

101j7 - Lighting/Operable Lamp

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Rooms 137 and 240 did not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (MJ - 02/06/2023)

Room 137 and 240 have access to a source of light that can be turned on/off at bedside.

The Care Coordinators and Executive Director (ED) audited all resident rooms to verify they had a source of light that can be turned on/off at bedside.

Training conducted for care coordinators and care managers on resident safety and light sources by bedside.

The Care Coordinators, Maintenance Coordinator (MC) and Executive Director have and will continue to conduct weekly audits of resident rooms in the community to verify the light source that can be turned on/off at bedside.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 01/13/23, there was an approximate 1/8-to-1/4-inch accumulation of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (MJ - 02/06/2023)

The lint was immediately removed from the dryer.

All dryers were audited for the presence of lint.

Training was conducted for all team members starting on 1/13/23 on fire safety and removing lint from dryers to prevent hazards.

Town Hall meetings have been and will be conducted to include training on identifying hazards, fire safety, and laundry processes.

The Care Coordinators, Maintenance Coordinator (MC) and Executive Director have and will continue to conduct daily audits of laundry rooms in the community to verify lint is removed from dryers.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

132a - Monthly Fire Drill

10. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

An unannounced fire drill was not held during the month of December 2022 and June 2022.

Plan of Correction

Accept (MJ - 02/06/2023)

Unannounced fire drills are and will continue to be conducted monthly. Unannounced fire drills were conducted January 2022, February 2022, March 2022, April 2022, May 2022, July 2022, August 2022, September 2022, October 2022, November 2022, December 2022, and January 2023.
Care Coordinators have completed training on conducting fire drills in the community.
Fire Drill schedule and results of drills conducted are reviewed daily in the morning stand up meeting.
The Executive Director (ED) will audit fire drills monthly to verify completion.
The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

141b2 - Medical Evaluation Changes

11. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #3 administers some medications on his/her own. However, Resident #3's DMEs, dated [REDACTED] and [REDACTED], as well as the resident's support plan, last completed date of [REDACTED], indicate the resident cannot self-administer medications neither fully or with assistance.

Plan of Correction

Accept (MJ - 02/06/2023)

Resident #3's DME was updated to reflect her ability to self-administer some of her medications.
The Executive Director (ED) and the Health Care Coordinator conducted an audit of all resident DME's and verified their accuracy. Any residents identified as not having accurate documentation on their DME, were immediately communicated to their physician and a new DME obtained.
New Residents' DME's are reviewed daily in the morning stand up meeting to verify accuracy.
Training was conducted for care coordinators, Resident Care Director, and wellness team members related to the parts of a DME and accuracy.
The Health Care Coordinator (Resident Care Director) and/or designee will continue to conduct weekly audits of resident files to verify accuracy of the DME.
The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

141b2 - Medical Evaluation Changes *(continued)**Implemented (MJ - 03/02/2023)*

162e - Menu Changes

12. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 01/11/23, lemon mousse was listed on the menu for the lunch dessert. Chocolate mousse or peaches were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction*Accept (MJ - 02/06/2023)*

Resident menus are reviewed daily in the morning stand up meeting. Any changes in the menu are reviewed and posted.

A daily audit of menu changes has and will continue to be conducted by the Dining Service Coordinator. The dining service coordinator verifies any changes are posted prior to the meal.

Training was conducted for care coordinators and dining service team members on the menu posting regulatory requirements at 162E.

The Executive Director will conduct a weekly audit of meal service to verify what is listed on the posted menu, is what is being served.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

223a - Description of Service

13. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home's current written description of services includes "Transportation for personal trips". The home's bus has not been used since before COVID and is not current with PA State Inspection requirements. Therefore, this service is not available.

Plan of Correction*Accept (MJ - 02/06/2023)*

223a - Description of Service (continued)

The community's bus has a PA state inspection expiration of January 2024.

The Maintenance Coordinator (MC) will audit community bus licenses and inspections monthly. Any licenses, inspections, or certifications that are 30 days from expiring will be reviewed by the Executive Director and submitted for renewal.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

227d - Support Plan Medical/Dental

14. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated [REDACTED] indicates the resident is unable to self-administer medications; however, the resident does self-administer some medications. Additionally, the resident's need for a wheelchair is not indicated under "assistive devices".

Plan of Correction

Accept (MJ - 02/06/2023)

Resident #3's assessment was updated to reflect [REDACTED] ability to self-administer some of [REDACTED] medications and wheelchair as an assisted device. Resident #3's DME was updated to reflect [REDACTED] current status.

The Executive Director (ED), Care Coordinators, and Health Care Coordinator (Resident Care Director) conducted an audit of all resident assessments and verified their accuracy. Any residents identified as not having accurate documentation on their assessment, were immediately updated.

Training was conducted for care coordinators, Resident Care Director, and wellness team members on resident assessment requirements and regulation 227D.

New Residents' assessments are reviewed daily in the morning stand up meeting to verify accuracy.

The Care Coordinators and Executive Director have and will continue to conduct weekly audits of resident files to verify accuracy of assessments.

The POC and monitoring results are reviewed and evaluated by the Executive Director (ED) and coordinators at the monthly Quality Management meeting 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 verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)

227g -Support Plan Signatures

15. 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 #5 participated in the development of his/her support plan on [redacted], [redacted] and [redacted]. However, the resident did not sign the support plan signature page.

Resident #6 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan signature page.

Repeat Violation: 04/12/22

Plan of Correction

Accept (MJ - 02/06/2023)

Resident #5's Individual Support Plan (ISP) was reviewed and signed the care plan meeting.

Resident #6's Individual Support Plan (ISP) was reviewed and signed the care plan meeting.

The Executive Director (ED) reviewed the care plan meeting expectations with the Care Coordinators and provided training on regulation 227G.

Upon admission, change of condition and annually the Health Care Coordinator (HCC) (Resident Care Director) and respective Care Coordinator review resident needs and develop an ISP based off assessment, DME 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 all 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.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly 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.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MJ - 03/02/2023)