

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

March 15, 2023

[REDACTED]  
SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2023 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 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: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *83* Waking Staff: *62*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *02/09/2023*

**Inspection Dates and Department Representative**

*02/09/2023* On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *100* Residents Served: *49*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *45* Residents Served: *18*

**Hospice**  
 Current Residents: *7*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *1*

**Inspections / Reviews**

**02/09/2023 - Partial**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2023*

**02/22/2023 - POC Submission**

Submitted By: [Redacted] Date Submitted: *03/15/2023*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2023*

Inspections / Reviews (*continued*)

## 02/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/22/2023

## 03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/22/2023

## 03/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. 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] 22, staff member A was training with staff member B. They went to provide care for resident 1. Resident 1 was found on the floor with a large bump on [REDACTED] head. Staff member B closed and locked the door of resident 1's room to hide the resident on the floor [REDACTED]. Staff member A reports that resident 1 had a visible bump on their head however, after picking resident 1 up from the floor, the staff members left resident 1 in their room seated on their bed. Staff member A and B did not report that resident 1 had fallen at that time. Resident 1 was not assessed for injury from the fall until the incident was reported by staff person A the next day.

On [REDACTED] 22, following the above incident, Staff member A and B went to provide care for resident 2. Resident 2 was resisting care and tried to push staff member B's arms away. Staff member A witnessed Staff member B responding to resident 2 by hitting resident 2's hands and stating to resident 2 "why can't you die already."

Plan of Correction

Accept [REDACTED] - 02/23/2023)

Staff member A was immediately placed on administrative leave. At the conclusion of the internal investigation, Staff member A was terminated from Sunrise of Blue Bell.- [REDACTED]/22

Resident 1 was sent to the Emergency Room to be assessed upon knowledge of fall. Resident returned with no injuries noted. [REDACTED] 22

Resident 2 was assessed by Wellness Nurse upon knowledge of incident. No injuries noted. [REDACTED] 22

All residents of the perspective neighborhood were assessed for similar injuries by the Wellness Office. No new injuries noted. 12/7/22

Resident Care Director will conduct a training for care managers (direct care staff) focusing on proper fall reporting protocols.- training was completed by 2/21/23

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. February QAPI held on 2/21/23

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented [REDACTED] - 03/15/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED]/22, staff member A was training with staff member B. They went to provide care for resident 1. Resident 1 was found on the floor with a large bump on her/his head. Staff member B closed and locked the door of resident 1's room to hide the resident on the floor [REDACTED]. Staff member A reports that resident 1 had a visible bump on their head however, after picking resident 1 up from the floor, staff members A and B left resident 1 in their room,

42c - Treatment of Residents (continued)

seated on their bed. Staff member A and B did not report that resident 1 had fallen at that time. When Staff person A questioned if resident 1 should be assessed for injury, Staff member B stated "all I can do is pray for [them]".

On 12/5/22, following the above incident, Staff member A and B went to provide care for resident 2. Resident 2 was resisting care and tried to push staff member B's arms away. Staff member A witnessed Staff member B responding to resident 2 by hitting resident 2's hands and stating to resident 2 "why can't you die already."

Plan of Correction

Accept ( ) 02/23/2023)

Staff member A was immediately placed on administrative leave. At the conclusion of the internal investigation, Staff member A was terminated from Sunrise of Blue Bell. ( )/2023

Resident 1 was sent to the Emergency Room to be assessed upon knowledge of fall. Resident returned with no injuries noted.-1 ( )/2023

Resident 2 was assessed by Wellness Nurse upon knowledge of incident. No new injuries noted. ( )/2023

Resident Care Director and Leadership Team will re-train all staff on resident rights.- training was completed by 2/21/23

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. February QAPI was held on 2/16/23

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented ( ) - 03/15/2023)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member C started work in the home on ( )/22, however they did not have a PA STATE criminal background check completed.

Plan of Correction

Accept ( ) 02/23/2023)

Staff member C is no longer working at Sunrise of Blue Bell.- ( )/23

Business Office Coordinator will audit all staff charts to ensure that all staff have Criminal Background Check on file.- started on 2/10/23 and will be completed by 2/24/23

Business Office Coordinator will ensure that Criminal Background Check is obtained for all staff prior to hire date.- 2/10/23

Business Office Coordinator will follow the outline for new hire checklist.- 2/10/2023

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. February QAPI held on 2/21/23

51 - Criminal Background Check (continued)

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented [REDACTED] 03/02/2023)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person C, whose first day of work was [REDACTED]/22, did not receive orientation in general fire safety and emergency preparedness.

Staff person D, whose first day of work was [REDACTED]/22, did not receive orientation in general fire safety and emergency preparedness.

Staff person E, whose first day of work was [REDACTED] 22, did not receive orientation in general fire safety and emergency preparedness.

Staff person F, whose first day of work was [REDACTED]/22, did not receive orientation in general fire safety and emergency preparedness.

Staff person G, whose first day of work was [REDACTED] 22, did not receive orientation in general fire safety and emergency preparedness.

Staff person H, whose first day of work was [REDACTED]/22, did not receive orientation in general fire safety and emergency preparedness.

Staff person I, whose first day of work was [REDACTED] 23, did not receive orientation in general fire safety and emergency preparedness.

Staff person J, whose first day of work was [REDACTED] 23, did not receive orientation in general fire safety and emergency preparedness.

Plan of Correction

Accept [REDACTED] - 02/23/2023)

Business Office Coordinator will audit all staff charts to ensure that all staff have Fire Safety and Emergency Preparedness.- begin on 2/10/23 and completed by 2/24/23

The leadership team will ensure that all new staff have the Fire Safety and Emergency Preparedness prior to or on first day of work.- 2/10/23

Business Office Coordinator will follow the outline for new hire checklist.- 2/10/2023

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the

65a - FS Orientation 1st Day (continued)

POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices. February QAPI held on 2/21/23

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented [redacted] - 03/15/2023)

65b Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person E completed their 40th scheduled work hour on [redacted]/23. However, this staff person did not complete training in the following topics:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accepted [redacted] 02/23/2023)

Business Office Coordinator will audit all staff charts to ensure that all staff have proper orientation. -began on 2/10/23 and completed by 2/24/23

The leadership team will ensure that all new staff have the proper orientation within first 40 scheduled working hours.- 2/10/23

Leadership Team will follow the outline for new hire checklist.- 2/10/2023

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. February QAPI held on 2/21/23

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented [redacted] 03/15/2023)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted]/23 at [redacted] AM, the front entrance/exit door to the building was locked preventing immediate egress. The door lock was operated by a remote control.

Plan of Correction

Accepted [redacted] - 02/23/2023)

Code was put on door for immediate egress. 2/9/2023

121a - Unobstructed Egress (continued)

Door was repaired to automatically open without the need for a code for immediate egress. 2/20/23

Communication was sent to all staff alerting them of the repair and informing them that they no longer need to enter the code to exit. 2/20/23

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. February QAPI held on 2/21/23

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented [redacted] - 03/02/2023)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 3's preadmission screening form, dated [redacted]/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] 02/23/2023)

Resident Care Director will audit all preadmission screenings to ensure that they are all completed properly.-began on 2/10/23 and was completed on 2/21/23.

Prior to filing the preadmission screening in the Wellness File, Resident Care Director will ensure that it is completed correctly. 2/10/23

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.- February QAPI was held on 2/21/23

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented [redacted] - 03/02/2023)

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 4 was admitted to the home on 1/20/22; however, the resident's preadmission screening form is dated [redacted]/21.

Plan of Correction

Accept [redacted] - 02/23/2023)

Resident 4's documentation error on preadmission screening was corrected.-[redacted]/2023

224a - Preadmission Screen Form (continued)

Resident Care Director will audit all preadmission screenings to ensure that they are all completed properly.-began on 2/10/23 and was completed on 2/21/23.

Prior to filing the preadmission screening in the Wellness File, Resident Care Director will ensure that it is completed correctly. 2/10/23

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.- February QAPI was held on 2/21/23.

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented [redacted] 03/02/2023)

252 - Record Content

9. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1's record does not include the incident report dated [redacted]/22.

Resident 4's record does not include the incident report dated 1 [redacted] 22.

Plan of Correction

Accept [redacted] 02/22/2023)

incident reports were filed in Resident 1 and Resident 4's records.

The Resident Care Director and the Executive Director will ensure that all incident reports are put in all current resident files.

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 [redacted] - 03/02/2023)