

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

May 17, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
SZR GRANITE RUN AL OPCO LLC  
[REDACTED]  
[REDACTED]

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 04/10/2023 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: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/09/1998* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *140* Waking Staff: *105*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/10/2023*

**Inspection Dates and Department Representative**

*04/10/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *115* Residents Served: *78*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *35* Residents Served: *29*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *62* Have Physical Disability: *0*

**Inspections / Reviews**

**04/10/2023 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2023*

**04/28/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/12/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2023*

Inspections / Reviews *(continued)*

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], resident #1, did not receive a response to a pushed call bell for an hour and 43 minutes according to the home's call bell report. According to the Administrator, these services could not be provided due to mismanagement of available direct care staff. Too many staff were tied up assisting other residents and did not leave enough staff available to address call lights.

Plan of Correction

Accept ( [REDACTED] - 04/28/2023)

The Executive Director (ED) and Personal Care Coordinator (PCC) met with Resident #1 on 3/9/23 to verify the resident's needs were being met at that time.

On 3/9/23, the PCC conducted a review of call light response times for 3/6/23 and noted no other issues.

Starting on 4/11/23, the ED and PCC conducted training for all direct care staff on meeting the needs of the residents based on the resident's assessment and

support plan, and communication between direct care staff during the shift to redirect direct care staff support to meet resident needs in timely fashion.

As of 4/11/23, the ED and Care Coordinators review labor/scheduling daily and any open positions and shifts are identified and resolved. The Care Coordinators and ED work together to verify proper staffing levels for each neighborhood hours.

As of 4/11/23 the ED and Care Coordinators review the daily staffing schedule, daily census, and the needs of the residents daily to verify that sufficient staff have been scheduled to provide personal care services.

As of 4/11/23, the ED and Care Coordinators review daily the staffing assignment list to confirm breaks are noted and aligned to have appropriate level of staffing when care needs arise.

As of 4/11/23, the PCC and/or designee review direct care staff call light response times daily and address any extended response times with direct care staff and residents.

Starting 4/20/23 and for the next three month, 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.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented ( [REDACTED] - 05/17/2023)