

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

October 30, 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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2023 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *145* Waking Staff: *109*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *07/31/2023*

Inspection Dates and Department Representative

07/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *Remanence* Capacity: *36* Residents Served: *24*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *68* Have Physical Disability: *1*

Inspections / Reviews

07/31/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2023*

09/14/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/02/2023*

Inspections / Reviews *(continued)*

10/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/31/2023, there was a Dial soap with a manufacturer's label indicating "Keep out of reach of children; in case of emergency, please contact the Poison Control Center right away", was unlocked, unattended, and accessible to resident 1. Not all the residents of the home, including resident 1, have been assessed as capable of recognizing and using poisons safely.

On 7/31/2023, there was a Soft soap antibacterial with a manufacturer's label indicating "Keep out of reach of children in case of emergency, please contact the Poison Control Center right away", was unlocked, unattended, and accessible to resident 2. Not all the residents of the home, including resident 2, have been assessed as capable of recognizing and using poisons safely.

On 7/31/2023, a Signature Care Hand Soap with a manufacturer's label indicating "Keep out of reach of children", was unlocked, unattended, and accessible to residents 3. Not all the residents of the home, including resident 3, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 09/14/2023)

On 7/31/2023, the soap was removed from the bathroom. The maintenance coordinator conducted an audit to check and discard of any free-standing soap bottles in the memory care neighborhood with a manufacture's label indicating "keep out of reach of children, in case of emergency, please contact the Poison Control Center right away". Daily checks are conducted by Housekeeping Staff to ensure that the proper soap and appropriately marked dispensers are being used. Daily checks will continue to take place until all wall mounted soap dispensers are installed.

On 10/1/2023, Maintenance Coordinator (MC) will complete installing wall mounted, refillable soap dispensers in all memory care neighborhood rooms.

On 9/8/2023, Housekeeping staff were re-educated on the proper soap and chemical products that are permitted to be used. Staff were educated on securing poisonous materials.

Audits will be reviewed at monthly QAPI meeting until achieving 3 months at 100% compliance consecutively.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [redacted] - 10/30/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/31/23, at 10:58 am, there was urine on the floor next to the toilet in the restroom of resident 3.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept (█ - 09/14/2023)

On 7/31/2023, Resident 3 bathroom was cleaned and mopped by the housekeeping staff after the urine was discovered on the bathroom floor next to the toilet.

On 7/31/2023, Housekeeping staff conducted a check to ensure that sanitary conditions are maintained throughout the community.

On 9/8/2023, Housekeeping staff were re-educated on maintaining sanitary conditions throughout the community.

Audits will be reviewed at monthly QAPI meeting until achieving 3 months at 100% compliance consecutively.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented (█ - 10/30/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/31/23, resident 2's shower floor's plastic water retainer was broken and in poor condition, which can create a tripping hazard.

Plan of Correction

Accept (█ - 09/14/2023)

On 7/31/2023, Resident 2 shower floor plastic collapsible water retainer was inspected and repaired to help retain the water from the shower from getting onto the bathroom floor and create a tripping hazard. Staff members checked showers to ensure that shower floor's plastic water retainers are in good working condition and do not pose a tripping hazard.

On 8/4/2023, A new shower floor plastic collapsible water retainer was ordered.

On 9/11/2023, New shower floor's collapsible water retainer will be installed, and the old retainer will be removed. Team was reminded to report any cracks in shower water retainer immediately to maintenance staff.

Maintenance request audits will be reviewed at monthly QAPI meeting until achieving 3 months at 100% compliance consecutively with water retainers in the shower posing a tripping hazard.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented (█ - 10/30/2023)

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101o - Walls, Floors, Ceilings (continued)

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 7/31/2023, the bathroom ceiling for resident 2 had an unfinished repair that had not been painted or sanded.

Plan of Correction

Accept [redacted] - 09/14/2023)

On 8/1/2023, Maintenance Coordinator (MC) assessed the unfinished repair to compile a list of materials needed to properly address the repair. Resident 2 room was inspected for any other areas of the walls, floors and ceilings are finished, clean and in good repair.

On 9/11/2023, The ceiling patch was replaced, treated with dry wall compound, sanded and painted to match the remainder of the ceiling and have a finished look.

Maintenance request audits will be reviewed at monthly QAPI meeting until achieving 3 months at 100% compliance consecutively with repairing, sanding and painting any walls, floors or ceilings to ensure that they remain clean and in good repair.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented [redacted] 10/30/2023)

162b - Missed Meals

5. Requirements

2600.

162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Description of Violation

According to resident 4, [redacted] stated that during the past week, the resident asked a staff member to deliver [redacted] meal to [redacted] room at 4:30 p.m. Resident 4 reported that the staff person visited [redacted] again at 6:30 p.m. and informed [redacted] that [redacted] had forgotten to bring food. The resident added that [redacted] had eaten something that [redacted] already had in [redacted] room that evening.

Plan of Correction

Accept [redacted] - 09/14/2023)

On 7/28/2023, Resident requested to have [redacted] meal delivered to the room around 4:30 pm, when the care staff stopped by [redacted] room around 5:15pm, at that time, the resident stated that [redacted] changed [redacted] mind and no longer wanted to eat. Care managers returned to the resident room around 6:30 the resident informed the care staff that [redacted] would like to have dinner, staff offered the residents options from the always available menu, but resident requested a full meal for dinner. Staff contacted the Dining Service Coordinator (DSC), who in turn contacted the night cook who prepared a full meal and delivered it to the resident at approximately 7:30 – 8:00 pm. Night cook contacted the DSC to inform [redacted] that the issue was resolved and that the resident requests were met.

On 8/18/2023, DSC re-educated the staff on utilizing check off lists/forms to ensure that all residents were offered all meals, according to their diets and mealtimes.

An audit of missed meals will be reviewed at monthly QAPI meeting until achieving 3 months at 100% compliance

162b - Missed Meals (continued)

consecutively with ensuring that when a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the residents.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented (█ - 10/30/2023)