

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

November 1, 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 09/28/2023, 10/03/2023 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: *139* Waking Staff: *104*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/28/2023*

**Inspection Dates and Department Representative**

09/28/2023 - On-Site: [REDACTED]  
 10/03/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *115* Residents Served: *81*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *38* Residents Served: *30*

**Hospice**  
 Current Residents: *7*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *80*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *58* Have Physical Disability: *1*

**Inspections / Reviews**

09/28/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/21/2023*

10/23/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/27/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/28/2023*

Inspections / Reviews *(continued)*

10/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/27/2023

11/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/7/23 at approximately 5:00 pm, Staff person A allegedly witnessed physical abuse by Staff person B toward Resident 1. However staff person A did not report this until 9/10/23, and the home did not report this allegation of abuse to the department until 9/13/23 at 12:30 pm.

On 9/7/23 at approximately 10:00 pm, Staff person A allegedly witnessed physical abuse by Staff person B toward Resident 2. However, staff person A did not report this until 9/10/23 and the home did not report this allegation of abuse to the department until 9/13/23 at 12:30 pm.

On 9/8/23 at approximately 3:30 pm, Staff person A allegedly witnessed physical abuse by Staff person B toward Resident 3. However, staff person A did not report this until 9/9/23 and, the home did not report this allegation of abuse to the department until 9/10/23 at 6:00 pm.

Plan of Correction

Accept ( [redacted] - 10/27/2023)

Staff member who failed to timely report the alleged incidents was addressed regarding their conduct and the progressive disciplinary process was followed. Staff member was terminated on [redacted] 2023.

Executive Director and Care coordinators initiated a re-training for care staff to ensure that staff members are knowledgeable of the proper reporting procedure through the Mandatory Reporter Training. Staff were re-trained to report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department to ensure compliance. Training commenced on Friday 9/29/2023 and concluded on Wednesday 10/4/2023.

Reportable Incidents will be monitored and reviewed at monthly QAPI meeting for 3 consecutive months starting September 2023.

Proposed Overall Completion Date: 10/26/2023

Licensee's Proposed Overall Completion Date: 10/26/2023

Implemented ( [redacted] - 11/01/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] /22, for Resident 1 was not signed by the resident.

25b - Contract Signatures (continued)

**Plan of Correction**

**Accept (█ - 10/27/2023)**

*Executive Director and Director of sales initiated an audit for the residents' contracts of all active resident to ensure compliance with signatures by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The audit took place and was completed on Thursday 10/19/2023 and Friday 10/20/2023.*

*Any residents' contracts that may be missing signatures, will be amended reflecting the appropriate signatures and acknowledgement. Any amended residency contracts will be completed by Monday 11/20/2023.*

*Residency contracts will be monitored and reviewed at monthly QAPI for 3 consecutive months starting September 2023.*

*Proposed Overall Completion Date: 11/20/2023*

**Licensee's Proposed Overall Completion Date: 11/20/2023**

**Implemented (█ - 11/01/2023)**

227g -Support Plan Signatures

**3. 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 1 participated in the development of █ support plan on █/23. However, the resident did not sign the support plan.*

*Resident 3 participated in the development of █ support plan on █23. However, the resident did not sign the support plan.*

**Plan of Correction**

**Accept (█ - 10/27/2023)**

*Resident 1 signed and dated their support plan that they participated in on █2023.*

*Resident 2 signed and dated their support plan that they participated in on █/2023.*

*Executive Director and Care Coordinators initiated and completed an audit for the residents' support plan of all active resident to ensure compliance with signatures and dates by individuals who participated in the development of the support plan. The audit took place and was completed on Thursday 10/19/2023 and Friday 10/20/2023.*

*Any residents' support plan that may be missing signatures or dates, will be amended with a signed addendum reflecting the appropriate signatures or a new support plan will be issued with the appropriate signatures and dates to ensure compliance. Any amended support plans will be completed by Monday 11/20/2023.*

*Residents' support plan completion will be monitored and reviewed at monthly QAPI for 3 consecutive months starting September 2023.*

*Proposed Overall Completion Date: 11/20/2023*

**Licensee's Proposed Overall Completion Date: 11/20/2023**

**Implemented (█ - 11/01/2023)**