

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

February 26, 2024

[REDACTED]  
SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP

[REDACTED]  
ATTN LICENSING  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2023 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**

Type: *I-2* Date: *09/26/1996* Issued By: *Whitpain Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *92* Waking Staff: *69*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/21/2023*

**Inspection Dates and Department Representative**

12/21/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *100* Residents Served: *54*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *45* Residents Served: *21*

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
 Diagnosed with Mental Illness: *35* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *38* Have Physical Disability: *1*

**Inspections / Reviews**

12/21/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2024*

01/25/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *02/22/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/24/2024*

Inspections / Reviews *(continued)*

02/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16e - Resident Notice

1. Requirements

2600.

16.e. If the home’s final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED] and [REDACTED], the home submitted incident reports validating the occurrence of multiple financial abuses, affecting all residents in the home. As of [REDACTED], the home has not informed residents or their designated persons.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

On 12/29/23, responsible parties were made aware of the findings of financial abuse via weekly email.

Starting on 12/29/23, Executive Director, or assigned designee, began making families and residents aware of final reports of financial abuse if investigation concludes positive findings.

Starting on 1/19/24, ED or designee will notify families/residents potentially impacted by abuse in the event of new or different allegations, and that all families were notified of the conclusion of the investigation.

Starting on 2/15/24, 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: 02/15/2024

Implemented [REDACTED] - 02/26/2024)

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], for Resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

On [REDACTED], Resident [REDACTED] signed contract as [REDACTED] was out of the community at the time of the audit and returned on [REDACTED].

On [REDACTED], Executive Director completed audit of all Resident Agreements to ensure all residents signed.

On 1/15/24, ED educated DOS on ensuring that all files are signed by residents on day of admission.

Starting on [REDACTED] Director of Sales, or assigned designee, will ensure that all files are signed by residents at day of admission.

Starting on 12/28/23, the Executive Director and/or designee will review any newly completed Resident Agreements at morning huddle for the next three months to verify all required signatures are included.

Starting on 2/15/24, 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.

## 25b - Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] 02/26/2024)

## 42b - Abuse

## 3. 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 the evening of [REDACTED], Resident [REDACTED] notified a care manager that [REDACTED] was missing from their room. The resident was given the money on [REDACTED] by their family member, and it was in their nightstand. The family member confirmed that they gave the money to the resident on [REDACTED], and they noticed the money was missing when they came to visit the resident on [REDACTED].

On the evening of [REDACTED], Resident [REDACTED] made the concierge aware that there was fraud on their credit card. The concierge assisted the resident in calling the credit card company to alert them to the fraud. The resident was made aware that several cash-out transactions were attempted on their card. All transactions were stopped immediately, and no money was stolen or lost.

On [REDACTED], Resident [REDACTED] went to [REDACTED] and had [REDACTED] credit cards and [REDACTED] in their wallet. The resident came back and put their wallet in their TV room. The resident left the room for dinner and came back, noticing the wallet was in the same place. On [REDACTED], Resident [REDACTED] reported that their debit card and [REDACTED] cash were missing from their wallet. Resident [REDACTED] stated that there was also a plastic glove in their wallet that was not there the day prior.

Resident [REDACTED] moved into the Secured Dementia Care Unit (SDCU) on [REDACTED]. On [REDACTED], the Reminiscence coordinator was made aware that the resident had credit cards and money in their room. Upon knowledge, the cards and the money were confiscated and locked in a drawer until a family member could pick them up. On [REDACTED], the family member picked up the cards and money.

On the evening of [REDACTED], Resident [REDACTED] family member called the Reminiscence coordinator to report that, upon reviewing Resident [REDACTED] credit card statement, they saw a charge on [REDACTED] for [REDACTED] to Spirit Airline for a ticket from Newark to Nevada. There was also another charge on [REDACTED] to a Google App for [REDACTED]. The bank was notified of the fraudulent charges, and a stop was put on the card.

Resident [REDACTED] had [REDACTED] cash locked in their drawer, which was given by their family member. On [REDACTED] when the resident's friend came to take the money from the drawer to assist the resident in purchasing items, they noticed that only [REDACTED] was available in the drawer, and [REDACTED] was missing.

On [REDACTED], Resident [REDACTED] reported that there were several charges made on the credit card that they keep in the home. The dates of the charges were from [REDACTED], and [REDACTED] and they were for Uber, CashApp, and Door Dash. Resident [REDACTED] did not realize fraudulent charges until [REDACTED] when the credit card statement was read by their responsible party. The resident stated that they do not store their credit card in the locked drawer provided to them.

**Plan of Correction**

Accept [REDACTED] - 01/25/2024)

On [REDACTED], the allegation of misuse of funds for resident [REDACTED] was reported to the Montgomery County Area Agency on Aging, Department of Human Services, and the police and followed up on the concern.

42b - Abuse (continued)

On [REDACTED] the allegation of misuse of funds for resident [REDACTED] was reported to the Montgomery County Area Agency on Aging, Department of Human Services, and the police and followed up on the concern.

On [REDACTED], the allegation of misuse of funds for resident [REDACTED] was reported to the Montgomery County Area Agency on Aging, Department of Human Services, and the police and followed up on the concern.

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On [REDACTED] the allegation of misuse of funds for resident [REDACTED] was reported to the Montgomery County Area Agency on Aging, Department of Human Services, and the police and followed up on the concern.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], Resident [REDACTED] was offered space for storage of personal property in a dry and protected area.

On [REDACTED], the Executive Director (ED) provided training to staff members regarding the various types of abuse including financial exploitation.

On [REDACTED], Executive Director spoke with residents at Resident Council regarding safeguarding funds in locked drawers provided.

Starting on 2/15/24 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director (ED) and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 02/26/2024)

224a - Preadmission Screen Form

4. 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 [REDACTED] preadmission screening form, dated [REDACTED], 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] - 01/25/2024)

On [REDACTED] the Resident Care Director (RCD) completed the preadmission screening for Resident [REDACTED] and updated information stating residents' needs can be met at Sunrise.

On [REDACTED], the RCD documented a progress note in the resident record stating that preadmission screening was updated on [REDACTED]

On [REDACTED] RCD educated nurses on properly completing prescreen and ensuring that it states that resident

224a - Preadmission Screen Form (continued)

needs can be met at the community.

On [REDACTED], the RCD completed an audit of all Preadmission Screenings to verify that they contained the required information.

Starting on [REDACTED] the Executive Director and/or designee will review any completed Preadmission Screenings at weekly interdisciplinary meeting for the next three months to verify all required information is included in the resident record.

Starting on [REDACTED], 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: 02/15/2024

Implemented [REDACTED] - 02/26/2024)

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/25/2024)

On [REDACTED], the RCD completed an audit of all Preadmission Screenings to verify that they were completed within 72 hours prior to admission.

On [REDACTED] RCD educated nurses on properly completing cognitive screen and ensure it is completed within 72 hours of the resident moving to our secured neighborhood.

Starting on [REDACTED], RCD will review and verify that cognitive screen is complete prior to a new resident moving into our secured neighborhood or an internal transfer from personal care to our secured neighborhood.

Starting on [REDACTED], 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: 02/15/2024

Implemented [REDACTED] 02/26/2024)