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

March 1, 2024

SZR GRANITE RUN AL OPCO LLC

RE: SUNRISE OF GRANITE RUN
247 NORTH MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14490

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024, 01/05/2024, 01/16/2024, 01/22/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF GRANITE RUN* **License #**: *14490* **License Expiration**: *01/01/2025*

Address: *247 NORTH MIDDLETOWN ROAD, MEDIA, PA 19063*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *SZR GRANITE RUN AL OPCO LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

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

Type: *C-2 LP* **Date**: *07/01/1996* **Issued By**: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *132* **Waking Staff**: *99*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *01/22/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site:

01/05/2024 - Off-Site:

01/16/2024 - Off-Site:

01/22/2024 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminescence* **Capacity**: *38* **Residents Served**: *29*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *77*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *54* **Have Physical Disability**: *1*

Inspections / Reviews

01/03/2024 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/09/2024*

02/13/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/16/2024*

02/27/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *02/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/29/2024*

03/01/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *02/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at approximately 9:28 pm, staff member A was verbally aggressive towards resident [redacted] and pushed [redacted] in the back. This incident was observed by former staff member B. This incident was reported to staff member C, the Executive Director on [redacted] at approximately 11:45 am and then reported to the local area agency on aging on [redacted] at 3:30 PM by phone. The Mandatory Abuse Report paperwork was filed on [redacted] at 5:30 PM.
This incident was originally reported to have happened on [redacted] based on the witness statement. The correct date, listed above, was determined during a telephone interview with staff member B and a representative of the Department.

Plan of Correction ***Accept [redacted] - 02/13/2024)***

On [redacted], Staff member who failed to timely report the alleged incidents was addressed regarding their late reporting and the progressive disciplinary process was followed. Team member is no longer employed by Sunrise of Granite Run.

On [redacted], Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On [redacted], 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 will be 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. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented [redacted] - 02/27/2024)

2. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at approximately [redacted] staff member A was providing care to resident [redacted]. The resident resisted being changed and staff member A slapped the resident's hand. Staff member D, who was helping with care, placed a gloved hand over resident [redacted] nose and mouth. This incident was observed by former staff person B

15a - Resident Abuse Report (continued)

. This incident was reported to staff member C, the Executive Director on [redacted] at approximately 11:45 am and then reported to the local area agency on aging on [redacted] at 3:40 PM by phone. The Mandatory Abuse Report paperwork was filed on [redacted] at 5:30 PM.
This incident was originally reported to have happened on [redacted] based on the witness statement. The correct date, listed above, was determined during a telephone interview with staff member B and a representative of the Department.

Plan of Correction ***Accept [redacted] 02/13/2024)***

On [redacted], The incident was reported to COSA and an ACT (13) was filled.

On [redacted], Staff member who failed to timely report the alleged incidents was addressed regarding their late reporting and the progressive disciplinary process was followed. Team member is no longer employed by Sunrise of Granite Run.

On [redacted], Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On [redacted], 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 will be 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. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented [redacted] - 02/27/2024)

16c - Written Incident Report

3. 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 [redacted] at approximately 9:28 PM, staff member A was verbally aggressive towards resident [redacted] and pushed [redacted] in the back. The home did not report this incident to the Department until [redacted].

On [redacted], at approximately 8:52 AM, staff member A was providing care to resident [redacted] The resident resisted being changed and staff member A slapped the resident's hand. Staff member D, who was helping with care, placed a gloved hand over resident [redacted] nose and mouth. The home did not report this incident to the Department until [redacted].

Repeat Violation: 09/28/23.

16c - Written Incident Report *(continued)*

Plan of Correction ***Accept 02/13/2024)***

On The incident was reported to the department and the appropriate reports were completed.

On Staff member who failed to timely report the alleged incidents was addressed regarding their late reporting and the progressive disciplinary process was followed. Team member is no longer employed by Sunrise of Granite Run.

On , Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On , 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 will be 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. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

On , ED reviewed reportable incidents since December 1st, 2023 to ensure that no additional reports needed to be made to the department of Human Services or to COSA.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Proposed Overall Completion Date: 03/01/2024

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented - 02/27/2024)

42b - Abuse

4. 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 , at approximately 9:28 PM, staff member A was verbally aggressive towards resident and pushed in the back. This incident was observed by former staff member B. Resident was visibly upset following this incident and crying.

Plan of Correction ***Accept - 02/13/2024)***

On , Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct and the progressive disciplinary process was followed. Team members have been terminated at the conclusion of the investigation.

42b - Abuse (continued)

On [redacted], Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On [redacted], Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize the different forms of abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 3 months, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness.

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented [redacted] - 02/27/2024)

5. 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], at approximately 8:52 AM, staff member A was providing care to resident [redacted] The resident resisted being changed and staff member A slapped the resident's hand. Staff member D, who was helping with care, placed a gloved hand over resident [redacted] nose and mouth while mocking and laughing at the resident. Staff A was also laughing with staff D.

Plan of Correction ***Accept [redacted] - 02/13/2024)***

On [redacted] Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct and the progressive disciplinary process was followed. Team members have been terminated at the conclusion of the investigation.

On [redacted], Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On [redacted], Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize the different forms of abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented [redacted] - 02/27/2024)

6. Requirements

2600.

42b - Abuse *(continued)*

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 , at approximately 8:30 PM, resident was witnessed touching staff member E's rear end. Resident was asked to stop but resident grabbed staff member's E's rear end again. Staff member E turned and hit resident three times on the shoulder. This incident was witnessed by staff member F.

Repeat Violation: 01/11/23.

Plan of Correction ***Accept 02/13/2024)***

On , Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct and the progressive disciplinary process was followed. Team members have been terminated at the conclusion of the investigation.

On , Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On , Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize the different forms of abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented - 02/27/2024)

42c - Treatment of Residents

7. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On Sunday, , staff member A was attempting to change resident clothes and products to get ready for bed but resident was resisting. Resident resides in the "Reminiscence Neighborhood" or secured dementia care unit (SDCU). When resident resisted, staff member A started to scream at the resident saying "C'mon, I'm not playing with you" and ".

These actions were witnessed by staff member B and presented in a telephone interview with a representative of the Department.

Plan of Correction ***Accept - 02/13/2024)***

On , Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct. Team members have been terminated at the conclusion of the investigation.

42c - Treatment of Residents (continued)

On , Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On , Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize, stop, and report verbal abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented 02/27/2024)

8. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of Monday, , staff members A and B went to get resident up and ready for breakfast. Resident resides in the "Reminiscence Neighborhood" (SDCU) of the home. Staff member D entered resident room to help get the resident ready. While trying to get resident changed, including changing the resident's personal products, resident resisted by trying to pull pants up. Staff member A slapped the resident's hand away as if admonishing a child and said "you gotta treat/talk to them how they treat you".

These actions were witnessed by staff member B and presented in a telephone interview with a representative of the Department.

Plan of Correction ***Accept - 02/13/2024)***

On , Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct. Team members have been terminated at the conclusion of the investigation.

On , Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On , Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize, stop, and report Physical abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

42c - Treatment of Residents *(continued)*

Implemented - 02/27/2024)

9. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Additionally, while staff A, B and D were getting resident ready for breakfast on Monday, , staff member D was openly mocking resident , covered resident nose and mouth with a gloved hand while staff A and D were laughing at staff member D's actions.

These actions were witnessed by staff member B and presented in a telephone interview with a representative of the Department.

Plan of Correction ***Accept - 02/13/2024)***

On Staff members involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct. Team members have been terminated at the conclusion of the investigation.

On Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize, stop, and report Physical abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented - 02/27/2024)

65d - Initial Direct Care Training

10. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
    - i. Safe management techniques.
    - ii. ADLs and IADLs
    - iii. Personal hygiene.
    - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.

65d - Initial Direct Care Training *(continued)*

v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
vi. Implementation of the initial assessment, annual assessment and support plan.
vii. Nutrition, food handling and sanitation.
viii. Recreation, socialization, community resources, social services and activities in the community.
ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the home.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person E, hired on [redacted] began providing unsupervised ADL services on [redacted] However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept [redacted] 02/13/2024)***

On [redacted], Staff member in question was immediately taken off the schedule and placed on administrative leave.

On [redacted], Business Office Coordinator initiated an audit on all active employee files to ensure compliance.

Starting February 2024, ED will educate Care coordinators & Business Office Coordinator to ensure that all new team members complete their DHS Direct Care Staff training prior to starting their on-the-floor shadowing period to ensure that training is completed prior to providing unsupervised ADL services independently.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented [redacted] - 03/01/2024)

202 - Prohibitions

11. Requirements

2600.
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

202 - Prohibitions *(continued)*

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On Monday , at 8:52 AM, while providing morning care to resident , Staff person D placed a gloved hand over resident nose and mouth restricting the resident's breathing and head movement.

Plan of Correction ***Accept - 02/13/2024)***

On Staff member who, allegedly placed the gloved hand over the resident's nose and mouth, was immediately placed on administrative leave, addressed regarding their alleged conduct, and the progressive disciplinary process was followed. At the conclusion of the investigation, Staff member (D) was terminated.

On , Residents affected were immediately assessed by a wellness nurse upon report being made to ED and responsible parties were notified.

On , Executive Director/Designee and Care coordinators initiated a re-training with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize, stop, and report Physical abuse. Staff were trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy. Ongoing training will take place during monthly townhall for 3 months.

Starting February 2024, and for 2 quarterly QAPI meetings, the Plan of correction will be reviewed and evaluated by ED and leadership team at QAPI meeting to ensure effectiveness

Proposed Overall Completion Date: 03/01/2024

Licensee's Proposed Overall Completion Date: *03/01/2024*

Implemented - 02/27/2024)