

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

April 11, 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 02/14/2024, 02/16/2024 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF BLUE BELL* License #: *14487* License Expiration: *01/01/2025*
 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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/23/2024*

Inspection Dates and Department Representative

02/14/2024 - On-Site: [REDACTED]
 02/16/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *55*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *45* Residents Served: *20*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *35* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

02/14/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2024*

03/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/02/2024*

Inspections / Reviews *(continued)*

04/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

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], during the [redacted] to [redacted] shift, staff person A forcefully pulled resident [redacted] from the resident's bed and placed the resident on a commode. Next, staff person A forcefully pulled resident [redacted] up from the commode and roughly put the resident on the bed. After that, staff person A grabbed resident [redacted] by the wrists, pulled the resident up until their noses were almost touching, and screamed at the resident. Staff person A, then threw resident [redacted] onto the bed and threw covers over the resident. Staff person A walked out of the room calling resident [redacted] "crazy [redacted]" on the way out. This incident was observed by staff person B. However, this allegation of abuse was was not reported to the local area agency on aging until [redacted].

Plan of Correction

Accept [redacted] - 03/19/2024)

On [redacted], immediately following Sunrise being notified of the incident, the Montgomery County Area Agency on Aging was notified. ACT 13 form was submitted on [redacted], within 24 hours.

On [redacted] within 24 hours of being notified of the incident, the Department of Human Services was notified.

Starting on [redacted] the Executive Director (ED) and leadership team provided training to staff members regarding the various types of abuse and mandated reporting expectations.

Starting on [redacted], during 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: 03/21/2024

Implemented [redacted] 04/11/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An allegation of abuse of resident [redacted] by staff person A was reported to the home on [redacted], however staff person A was not suspended or placed on an approved plan of supervision until [redacted].

Plan of Correction

Accept [redacted] - 03/19/2024)

On [redacted], Staff member A was immediately suspended, following allegation being brought to the attention of Sunrise.

Starting on [redacted], if there is an allegation of abuse of a resident involving the communities staff person, the Executive Director or designated representative will immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

On [redacted], the Executive Director (ED) provided training for the Care Directors and Health and Wellness

15b - Supervisor Plan (continued)

Director on if there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Starting on [REDACTED], during 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: 03/21/2024

Implemented [REDACTED] - 04/11/2024)

15d - Resident Abuse-Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

An allegation of abuse of resident [REDACTED] by staff person A was reported to the home on [REDACTED] however, the home did not notify resident [REDACTED] designated person until [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/19/2024)

On [REDACTED] the Responsible Party/POA, was made aware of the allegation of abuse and the plan in place.

On [REDACTED], the Executive Director (ED) trained the Care Directors and the Health and Wellness Director on alerting Responsible Party/POA of a report of suspected abuse or neglect.

Starting on [REDACTED], during 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: 03/21/2024

Implemented [REDACTED] - 04/11/2024)

16c - Written Incident Report

4. 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] during the [REDACTED] to [REDACTED] shift, an incident of abuse of resident [REDACTED] by staff person A occurred and was witnessed by staff person B. Staff person B did not report the incident until [REDACTED] and the home home did not report the incident to the Department until [REDACTED].

16c - Written Incident Report (continued)

Plan of Correction

Accept [REDACTED] - 03/19/2024)

On [REDACTED], Montgomery County Area Agency on Aging was notified and made aware that Staff Member A was suspended on [REDACTED]. Within 24 hours of being notified of the incident, on [REDACTED], the ACT 13 and state reportable were submitted making the Department of Human Services aware that Staff member A was suspended. On [REDACTED], the Executive Director (ED) and provided training to the Care Directors and the Health and Wellness Director on reporting and alleged 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. Starting on [REDACTED], during 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: 03/21/2024

Implemented [REDACTED] 04/11/2024)

42b - Abuse

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], during the [REDACTED] to [REDACTED] shift, staff person A forcefully pulled resident [REDACTED] from the resident's bed and placed the resident on a commode. Next, staff person A forcefully pulled resident [REDACTED] up from the commode and roughly put the resident on the bed. After that, staff person A grabbed resident [REDACTED] by the wrists, pulled the resident up until their noses were almost touching, and screamed at the resident. Staff person A, then threw resident [REDACTED] onto the bed and threw covers over the resident. Staff person A walked out of the room calling resident [REDACTED] "crazy [REDACTED]" on the way out. This incident was observed by staff person B. The resident sustained bruises to both wrists as a result of this incident.

Repeat Violation: 2/9/23, 5/24/23 et al, 12/21/23.

Plan of Correction

Accept [REDACTED] - 03/19/2024)

On [REDACTED], the allegation of abuse for resident A was reported to the Montgomery County Area Agency on Aging. On [REDACTED] the allegation of abuse for resident A was reported to the Department of Human Services. On [REDACTED], Staff member A was immediately suspended, following allegation was brought to the attention of Sunrise. On [REDACTED], Staff member A was terminated from Sunrise Senior Living of Blue Bell. On [REDACTED], resident A was seen by the Nurse Practitioner which noted small bruises to bilat wrist areas. On [REDACTED], all residents in perspective neighborhood were assessed by Health and Wellness Director and no new injuries were noted. Starting on [REDACTED], the Executive Director (ED) and leadership team provided training to staff members regarding the various types of abuse and mandated reporting expectations. Starting on [REDACTED] and for the following three months, the POC and monitoring results are discussed and

42b - Abuse (continued)

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: 03/21/2024

Implemented [redacted] - 04/11/2024)

42p - Restraints

6. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

Resident [redacted] is prescribed [redacted] topical solution every 6 hours as needed for anxiety. According to staff person C and the prescriber, the [redacted] topical solution is administered to resident [redacted] to control behaviors. On [redacted] at [redacted], the medication was administered because resident [redacted] was spitting, throwing things, falling down, and cursing. According to the prescriber, [redacted] was prescribed in topical form to prevent the resident from refusing the medication.

Plan of Correction

Accepted [redacted] 03/19/2024)

On [redacted], Psych CRNP discontinued medications straight order for resident A that were prescribed for agitation. Starting on [redacted], Executive Director (ED) and the leadership team re-trained all staff on Safe Management Techniques.

On [redacted], Director of Health and Wellness (DHW) audited all diagnoses to ensure any medications for anxiety have not been ordered for agitation. If agitation order received by physician, physician will be notified.

On [redacted], DHW educated all medication care managers and nurses that any orders for medications for anxiety have not been ordered for agitation.

Starting on [redacted] 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: 03/21/2024

Implemented [redacted] - 04/11/2024)

51 - Criminal Background Check

7. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's first day of work was [redacted]. A criminal background check was not performed until [redacted].

Repeat Violation: 2/9/23.

51 - Criminal Background Check (continued)

Plan of Correction

Accept [redacted] - 03/19/2024)

On [redacted], staff member A was terminated from Sunrise Senior Living of Blue Bell.

On [redacted], the Business Office Coordinator audited staff records to ensure all Criminal Background Checks were on file.

Beginning on [redacted], the Business Office Coordinator will ensure that Criminal Background Check is obtained for all staff prior to hire date.

Starting on [redacted] 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: 03/21/2024

Implemented [redacted] - 04/11/2024)

65i - Training Record

8. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The certificate for the Department-approved direct care training course and competency test for staff person A, hired on [redacted], does not have the completion date. The document on file is a picture of the certificate.

Plan of Correction

Accept [redacted] - 03/19/2024)

On [redacted] staff member A was terminated from Sunrise Senior Living of Blue Bell.

On [redacted] the Business Office Coordinator audited staff records to ensure all Direct Care training courses were on file.

Beginning on [redacted], the Business Office Coordinator will ensure that the Direct Care Training Course is completed prior to staff member providing unsupervised ADL services.

Starting on [redacted] 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: 03/21/2024

Implemented [redacted] 04/11/2024)

141b2 - Medical Evaluation Changes

9. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

141b2 - Medical Evaluation Changes (continued)

Description of Violation

Resident [redacted] had a medical evaluation completed on [redacted] that did not list the diagnosis of anxiety. According to psychiatric evaluation notes, the resident was diagnosed with anxiety on [redacted]. A new medical evaluation was not completed.

Plan of Correction

Accept [redacted] - 03/19/2024)

On [redacted] the Medical Evaluation for Resident A was updated to reflect new medical condition by Health and Wellness Director as well as Nurse Practitioner.

On [redacted] Health and Wellness Director audited all Medical Evaluations to ensure they reflected new medical conditions.

On [redacted], training was provided by Health and Wellness Director to all nurses on medical evaluations and ensuring that that they are completed when new medical conditions are noted.

Starting on [redacted] 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: 03/21/2024

Implemented [redacted] - 04/11/2024)

201 - Positive Interventions

10. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [redacted] is resistant to care and becomes agitated and combative when care is provided. The home has not implemented positive interventions to modify or eliminate the behavior. On [redacted], staff person C administered [redacted] topical solution because resident [redacted] was spitting, throwing things, falling down, and cursing.

Repeat Violation: 1/5/23 et al.

Plan of Correction

Accept [redacted] - 03/19/2024)

Starting on [redacted], Executive Director (ED) and the leadership team re-trained all staff, including Staff C, on Safe Management Techniques.

Starting on [redacted] 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: 03/21/2024

Implemented [redacted] - 04/11/2024)

202 - Prohibitions

11. Requirements

2600.

202. The following procedures are 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.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] topical solution every 6 hours as needed for anxiety. According to staff person C and the prescriber, the [REDACTED] topical solution is administered to resident [REDACTED] to control behaviors. On [REDACTED] at [REDACTED] the medication was administered because resident [REDACTED] was spitting, throwing things, falling down, and cursing. According to the prescriber, [REDACTED] was prescribed in topical form to prevent the resident from refusing the medication.

Repeat Violation: 1/5/23 et al.

Plan of Correction

Accept [REDACTED] - 03/19/2024)

On [REDACTED], Psych CRNP discontinued medications straight order for resident A that were prescribed for agitation.

On [REDACTED], Health and Wellness Director (HWD) audited all diagnoses to ensure any medications for anxiety have not been ordered for agitation. If agitation order received by physician, physician will be notified.

On [REDACTED], the HWD educated all medication care managers, including staff C, and nurses that any orders for medications for anxiety have not been ordered for agitation and that positive interventions should be used prior to administering any medications.

Starting on [REDACTED] 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: 03/21/2024

Implemented [REDACTED] 04/11/2024)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] began to exhibit increased agitation sometime on or around [REDACTED]. The resident did not have a new assessment to address this change until [REDACTED]

Plan of Correction

Accept [REDACTED] 03/19/2024)

On [REDACTED] resident A SEHA was opened and updated by Health and Wellness Director and Director of Memory Care.

Starting on [REDACTED] all SEHA's in perspective neighborhood were reviewed and updated as needed.

On [REDACTED], Executive Director provided training to Care Directors and Health and Wellness Director regarding updating assessments as needed based on significant change in condition, annual assessment and request of the Department upon cause to believe an update is required.

225c - Additional Assessment (continued)

Starting on [REDACTED] 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: 03/21/2024

Implemented [REDACTED] - 04/11/2024)

231c - Preadmission Screening

13. 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 [REDACTED] written cognitive preadmission screening was completed on [REDACTED].

Repeat Violation date: 12/21/23.

Plan of Correction

Accept [REDACTED] 03/19/2024)

On [REDACTED] Director of Health and Wellness (DHW) educated nurses on properly completing cognitive preadmission screening.

On [REDACTED], DHW audited cognitive preadmission screenings to ensure proper completion date.

Starting on [REDACTED], the Executive Director and/or designee will review any completed cognitive 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: 03/21/2024

Implemented [REDACTED] - 04/11/2024)

234a - Admission Support Plan

14. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/19/2024)

On [REDACTED], Health and Wellness Director (HWD) audited preadmission screenings in prospective neighborhood to ensure they are completed within 72 hours of admission, or within 72 hours prior to admission.

234a - Admission Support Plan (continued)

On [REDACTED], HWD trained all nurses regarding making sure the Admission Support Plan is completed within the proper timeframe.

Starting on [REDACTED] 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: 03/21/2024

Implemented [REDACTED] - 04/11/2024)

234b - Support Plan Needs Elements

15. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident [REDACTED] had a need for agitation beginning on or around [REDACTED]. The home did not develop a plan to address the need until [REDACTED].

Plan of Correction

Accepted [REDACTED] - 03/19/2024)

On [REDACTED], Memory Care Director and Health and Wellness Director updated resident A support plan identifying cognitive needs.

Starting on [REDACTED], all support plans in Reminiscence were reviewed and updated as needed by Memory Care Director and Health and Wellness Director.

On [REDACTED], Executive Director provided training to Care Directors and Health and Wellness Director regarding updating assessments as needed and identifying cognitive needs.

Starting on [REDACTED] 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

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/11/2024)