

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

October 7, 2024

[REDACTED]  
SZR HAVERFORD AL OPCO LLC

[REDACTED]  
ATTN LICENSING  
[REDACTED]

RE: SUNRISE OF HAVERFORD  
217 WEST MONTGOMERY AVENUE  
HAVERFORD, PA, 19041  
LICENSE/COC#: 14492

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/25/2024 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 HAVERFORD* License #: *14492* License Expiration: *01/01/2025*  
 Address: *217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *SZR HAVERFORD AL OPCO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/04/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *61* Total Daily Staff: *128* Waking Staff: *96*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/25/2024*

**Inspection Dates and Department Representative**

07/25/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *98* Residents Served: *41*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *11*

**Hospice**  
 Current Residents: *7*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

**07/25/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2024*

**08/22/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *10/04/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/27/2024*

Inspections / Reviews (*continued*)

## 08/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/23/2024

## 09/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/28/2024

## 10/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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] - 08/22/2024)

7/26/2024: The contract was reviewed again with the resident by the Executive Director to ensure resident understanding of the contract.

7/26/2024: The Director of Sales and Associate Director of Sales were retrained on resident signature requirements and regulation 25b.

8/1/2024: The Director of Sales and Associate Director of Sales audited resident contacts to ensure all signatures were in place. No additional signatures were identified as missing.

8/21/2024 & ongoing: Starting 8/21/2024 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [REDACTED] - 10/07/2024)

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 [REDACTED] at approximately [REDACTED], Resident [REDACTED] reported to Staff Member A that Staff Member B was particularly "rough" during overnight care. Resident [REDACTED] stated that Staff Member B would often care for them as their designated care manager. Resident [REDACTED] stated that "Staff Member B is rough, and when they roll me in the bed at night when they are changing me, my head sometimes bangs the wall." Resident [REDACTED] went on to explain that, "my hands and arms are terrible already, but might be a little worse due to Staff Member B's roughness, as I bruise so easily." Staff Member A asked Resident [REDACTED] if they feel targeted by Staff Member B, or if they feel that Staff Member B is purposely rough, to which Resident [REDACTED] replied "Staff Member B is just too rough, forceful, and aggressive. That is just how Staff Member B is."

Plan of Correction

Accept [REDACTED] 08/22/2024)

7/16/2024: Executive Director placed staff person B immediately on administrative leave pending and during investigation. The ED called the abuse into OAPS Hotline. Resident was assessed by nursing in the morning of 7/17/24, and it was determined the resident did present with any injuries.

7/17/2024: Executive Director performed an investigation. Team Members and Residents were interviewed, in which no additional abuse or neglect allegations were reported. On 7/19/2024 staff person B was terminated by the

42b - Abuse (continued)

community out of an abundance of caution.

7/18/2024: Care Coordinators and Business Office Coordinator educated the direct care team on resident abuse and neglect. Manager on duty will continue to monitor the floor during shifts to ensure training is effective.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [redacted] - 10/07/2024)

65d - Initial Direct Care Training

4. Requirements

2600.

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

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on [redacted], was a CNA whose certification expired [redacted]. The home was unable to provide proof that direct care staff person C completed and passed the Department-approved direct care training course and competency test.

Plan of Correction

Accept [redacted] - 08/26/2024)

7/25/2024: Staff person C was immediately removed from the community schedule and scheduled to complete the direct care worker course prior to returning to provide care. The Staff person completed the DHS course on 7/27/2024 successfully, and the certificate was received to be kept within her employee file.

8/7/2024: An audit of all Staff persons files was completed, in which no other direct care worker certificates and/or qualification to provide care were identified as missing.

7/26/2024: An audit of all Staff persons files was completed by the BOC, in which no other direct care worker certificates and/or qualification to provide care were identified as missing. Monthly, starting 8/7/2024, an audit of certifications will be completed by the BOC.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented [redacted] 10/07/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B and direct care staff person C did not receive training in medication self-administration during training year 2023.

Plan of Correction

Accept [redacted] - 08/22/2024)

7/31/2024: The Executive Director had a training for direct care staff persons at the team member Town Hall Meeting which included Medication Self Administration.

8/1/2024: The yearly calendar has been reviewed to ensure all training meets the training requirements involved within regulation 65f-including Medication Self Administration.

8/1/2024 & ongoing: The BOC will ensure that all team members meet the training requirements during quarterly training audits. The ED will check to ensure audits take place, and findings will be discussed quarterly at BOC/ED 1:1 meeting for four meetings.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [redacted] - 10/07/2024)

65i - Training Record

6. 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 home's records of direct care staff trainings conducted on [redacted] and [redacted] do not include the length of time for the training or the locations of said trainings. The record of training held on 7/21/2024 does not include the length of the training.

Plan of Correction

Accept [redacted] - 08/22/2024)

7/25/2024: The information missing was immediately entered in on the top of the page to include the a) length of training and b) location of trainings.

7/26/2024: The Business Office Coordinator, Personal Care Coordinator, and Reminiscence Coordinator were provided retraining on how to prepare a state training form per regulation 65i.

7/26/2024 & ongoing: The Executive Director will review all state training attendance forms prior to being filed to ensure all required information is included. As an additional check, the training binder will be brought to QAPI to review all training forms to ensure they are completed accurately.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

65i - Training Record (continued)

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [redacted] - 09/26/2024)

85a - Sanitary Conditions

7. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 2:00pm, the refrigerator in Resident [redacted] room had a sticky red substance leaking over a soda bottle. The bottom of the refrigerator was caked with a brown substance.

Plan of Correction

Accept [redacted] 08/22/2024)

7/25/2024: Resident [redacted] refrigerator was immediately cleaned and removed upon inspection. A new refrigerator was put in its place.

7/26/2024: All refrigerators were checked by the Maintenance Coordinator along with the Personal Care Coordinator and Reminiscence Coordinator for cleanliness and to ensure they were in working order. No additional refrigerators were discovered as needing maintenance/housekeeping.

7/29/2024 & ongoing: Weekly suite checks will be conducted by the care managers to ensure the suites are up to regulation and no equipment needs repair or housekeeping. The Personal Care Coordinator and Reminiscence Coordinator will ensure the care managers are completing these checks.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [redacted] - 10/07/2024)

95 - Furniture and Equipment

8. Requirements

2600.  
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted], Resident [redacted] freezer compartment in their refrigerator was frosted over and unusable.

On [redacted], Resident [redacted] refrigerator door was coming off of its hinges and leaking water.

Plan of Correction

Accept [redacted] - 08/22/2024)

7/25/2024: Resident [redacted] refrigerator was immediately cleaned and removed upon inspection. A new refrigerator was put in its place. Resident [redacted] refrigerator door was immediately fixed upon inspection.

7/26/2024: All refrigerators were checked by the Maintenance Coordinator along with the Personal Care

95 - Furniture and Equipment (continued)

Coordinator and Reminiscence Coordinator for cleanliness and to ensure they were in working order. No additional refrigerators were discovered as needing maintenance/housekeeping.

7/29/2024 & ongoing: Weekly suite checks will be conducted by the care managers to ensure the suites are up to regulation and nothing needs repair or housekeeping. The Personal Care Coordinator and Reminiscence Coordinator will ensure the care managers are completing these checks.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented ( ) - 10/07/2024)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident ( ) does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( ) 08/26/2024)

7/25/2024: A tap lamp was immediately placed upon the wall within reach of the resident while lying in bed upon inspection.

7/25/2024: An audit of all suites was completed by the Personal Care Coordinator and Reminiscence Coordinator, in which no additional suites were identified as needing a light source.

8/1/2024 & 8/2/2024: The direct care team, housekeeping, and care coordinators were retrained on this regulation and the importance of having a light source at bedside. Monthly room audits will be completed to ensure all residents have a light source at beside.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented ( ) 10/07/2024)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (continued)

**Description of Violation**

Resident [REDACTED], admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept [REDACTED] - 08/22/2024)

8/13/2024: We respectfully ask that this violation be withdrawn, as page 26 through 28 of the resident contract lists the resident rights, and page 29 (signature page) of the contract states:

"THE RESIDENT AND/OR RESPONSIBLE PARTY'S SIGNATURE BELOW IS AN ACKNOWLEDGEMENT OF THE RESIDENT'S EDUCATION OF THESE RIGHTS."

Resident [REDACTED] signed on the line underneath of this statement on 11/30/2023.

8/9/2024: The residents were reeducated on the Resident Rights during resident council.

7/26/2024: The resident files were audited by the Director of Sales and Associate Director of Sales to ensure completion.

Starting 8/21/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [REDACTED] - 10/07/2024)