

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

November 19, 2024

[REDACTED]
SUNRISE PERSONAL CARE HOME LLC
[REDACTED]

RE: SILVER SPRING PERSONAL CARE
HOME
125 STATE ROAD
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33867

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2024, 09/18/2024 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: SILVER SPRING PERSONAL CARE HOME License #: 33867 License Expiration: 03/10/2025
Address: 125 STATE ROAD, MECHANICSBURG, PA 17055
County: CUMBERLAND Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: SUNRISE PERSONAL CARE HOME LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 12/20/2022 Issued By: Silver Spring Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Interim Exit Conference Date: 09/18/2024

Inspection Dates and Department Representative

09/17/2024 - On-Site: [Redacted]
09/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 45

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 4

Inspections / Reviews

09/17/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2024

10/15/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 11/19/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2024

Inspections / Reviews *(continued)*

10/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/18/2024

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

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

Some time between [redacted] and the [redacted], police responded to the home in response to a well-being check requested by Resident [redacted] for their spouse. This incident was never reported to the Department.

Repeated Violation - 9/11/23

Plan of Correction

Accept [redacted] - 10/21/2024)

Immediate Corrective Action:

On 9/19/2024 the Administrator conducted an audit of notes in all resident electronic medical records (EMRs) to determine if any incidents needed to be reported to the Department's personal care home regional office.

On 10/18/24 the Administrator submitted a reportable to the Department for the incident noted in the violation.

Plan for Ongoing Compliance:

On 9/19/24 the Administrator educated the leadership team on the need to communicate if they are made aware of any incident involving a resident, staff or visitor.

On 9/25/24 the Wellness Director educated all nurses and medication technicians on the importance of thorough documentation of all incidents in the resident EMR.

On 10/14/24 the Administrator will begin auditing all resident notes on a weekly basis to determine if any incident needs to be reported to the Department's personal care home regional office.

On 10/16/24 (at the mandatory monthly clinical meeting) the Wellness Director will educate the entire clinical team on the importance of proper documentation every shift in the resident EMR.

On 10/23/24 the Administrator will educate the nursing leadership team on regulation 2600.16(c) which states the home shall report all incidents to the Department's regional office or complaint hotline within 24 hours. Education will include what types of incidents need to be reported as well as the process for reporting to the Department.

Licensee's Proposed Overall Completion Date: 10/23/2024

Implemented [redacted] 11/19/2024)

42b - Abuse

2. 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], Resident [redacted] reported to the Administrator that on [redacted], Staff Member A was [redacted] during care and stated that the resident was "on [redacted] time not mine". When Resident [redacted] used [redacted] call bell, [redacted] was told by Staff Member A that [redacted] does not get people up at 4 AM and that the staff member had other residents to attend to. When Resident [redacted] decided to get up independently, Staff Member A threatened to report the resident. Resident [redacted] stated that Staff Member A pushed [redacted] down on the toilet and was very rough. The resident reported that "it kind

42b Abuse (continued)

of hurt”.

On [REDACTED], Resident [REDACTED] informed the Administrator that on [REDACTED], Resident [REDACTED] received “rough handling” from Staff Member A on night shift. From 7/31/24 8/1/24, Staff Member A repeatedly woke Resident [REDACTED] up throughout the night and turned [REDACTED] over roughly while providing incontinence care, despite the resident asking the staff person to stop. Resident [REDACTED] informed the Administrator that [REDACTED] “may not want [REDACTED] again” in reference to Staff Member A providing care.

Staff Member A was terminated from the home on [REDACTED] following the investigation into the above incidents.

Staff Member B was reported to tell a resident to transfer themselves to the toilet and not ring the call bell for assistance. Staff Member B received disciplinary action on [REDACTED] as follow up to this incident.

Repeated Violation 4/1/24, et al.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

Immediate Corrective Action:

On 9/19/2024 the Wellness Director and Human Resources Director reviewed the corrective action documentation for Staff Member B and determined that Staff Member B continued to violate expectations outlined in the disciplinary action forms. Based on this investigation, Staff Member B was terminated on [REDACTED].

Plan for Ongoing Compliance:

On 9/30/2024 the Administrator began weekly audits of 20% of the residents to determine if anyone feels neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. These audits will continue until all residents have been interviewed.

On 10/16/2024, at the mandatory monthly clinical meeting, the Wellness Director and Administrator will educate all clinical staff on resident rights and abuse regulations.

On 11/13/2024, at the mandatory staff meeting, the Administrator will educate all staff members on resident rights and abuse regulations.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 11/19/2024)

125b - Combustible Restrictions

3. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [REDACTED] at 2:00 PM, there were three (3) liquid propane gas tanks unattended, unsecured, and accessible to residents on the back porch of the home.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

Immediate Corrective Action:

On 9/18/2024 the Maintenance Director secured the three (3) liquid propane gas tanks to ensure they were not

125b - Combustible Restrictions (continued)

accessible to residents.

Plan for Ongoing Compliance:

On 9/23/2024 the Maintenance Director added to the weekly checklist to ensure that all combustible materials are secured from resident access.

On 10/7/2024 the Administrator began conducting weekly audits of all combustible materials on the property to ensure the safety and wellbeing of the residents, guests and staff.

On 10/8/2024 the Administrator educated the dietary team members on the importance of securing the propane tanks after using the propane grill for resident and staff events.

On 10/17/2024 the Maintenance Director will review this issue at the monthly staff Safety Meeting.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [redacted] - 11/19/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], did not include the Medical Professional's name, license number, signature or date signed.

Plan of Correction

Accept [redacted] - 10/15/2024)

Immediate Corrective Action:

On 9/19/2024 the Wellness Director contacted the medical provider for Resident [redacted] to request completion of the medical evaluation form specified by the Department. On 9/23/2024 the medical professional evaluated Resident [redacted] and completed the form on 9/24/2024 including name, license number, signature and date signed.

Plan for Ongoing Compliance:

On 9/23/2024 the Wellness Director conducted an audit of all resident records to determine if any others were out of compliance.

On 9/30/2024 the Administrator educated the Marketing Director on the proper completion of all admission documentation.

On 10/1/2024 the Administrator updated the Admission Checklist and highlighted the section relating to proper

141a 1-10 Medical Evaluation Information (continued)

completion of the DME form for each new admission.

Beginning on 10/1/2024 the Wellness Director or Wellness Coordinator will review each DME to ensure full compliance.

Licensee's Proposed Overall Completion Date: 10/12/2024

Implemented (█ - 11/19/2024)

181d -Storing Medication

5. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident █ self-administers medications and stores medications in their room. On █ at 9:35 AM, there were several unlocked, unattended medications in unlocked plastic containers on the kitchen counter. Medications unlocked and unattended included █ caplets; █; █ tablets; █ tablets; █ tablets; █ tabs, and █.

Plan of Correction

Accept █ - 10/15/2024)

Immediate Corrective Action:

On 9/17/2024, upon notification that the medications were in an unsecure location, the Administrator locked all medications inside the plastic containers on the kitchen counter in the room of Resident █

Plan for Ongoing Compliance:

On 9/18/2024 the Administrator educated Resident █ on the importance of securing medications in their room. They demonstrated the ability to safely lock and unlock the containers and verbalized understanding that the medications must be locked in a safe and secure location to protect against contamination, spillage and theft. On 9/20/2024 the Wellness Director and Wellness Coordinator conducted an audit of all resident medical orders to determine who has self-administration orders. These orders were then reconciled with the actual medications to determine if those medications were being kept securely in each resident room. On 10/14/2024 the Wellness Director will begin conducting a weekly audit of all self-administered medications to ensure they are kept securely in each resident's room.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented █ - 11/19/2024)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

On [redacted] at 12:00 PM, the following items were unlocked, unattended, and accessible in Resident [redacted] room:

- a tub of [redacted] on a table on a rolling stand in front of the TV;
- a 4.9-ounce tube of [redacted] on the resident's nightstand
- a 4.9-ounce tube of [redacted] on top of the toilet
- a bottle of [redacted] on the assist rail behind the toilet
- a tube of [redacted] and a partially used bottle of [redacted] in a cardboard box of wound supplies on the floor.

This resident has not been assessed as capable to self administer medications.

Repeated Violation - 5/21/24, 4/1/24, et al.

Plan of Correction

Accept [redacted] - 10/15/2024)

Immediate Corrective Action:

On 9/18/2024 the Wellness Coordinator educated Resident [redacted] about the regulation that all over the counter medications shall be kept in an area or container that is locked. Wellness Coordinator removed the items, labeled everything with the appropriate name, and placed the [redacted], [redacted] and [redacted] in the medication cart. The [redacted] and [redacted] were labeled with Resident [redacted] name and placed in the medication room in a locked cabinet with other wound care supplies.

Plan for Ongoing Compliance:

On 9/23/2024 Resident [redacted]'s medical provider completed an evaluation and determined that Resident [redacted] cannot safely self-administer medications. The Wellness Coordinator requested orders for those OTC medications found in Resident [redacted] room so they can be kept securely in the medication cart and administered as needed.

On 9/30/2024 the Administrator began weekly audits of 20% resident rooms to ensure no prescription medications, OTC medications, CAM and syringes are left unattended or unlocked.

On 10/14/2024 the Wellness Director and Wellness Coordinator will begin checking all resident rooms on a weekly basis to ensure no medications are unsecure.

On 10/16/2024 the Administrator will educate the housekeeping and laundry team members on the need to notify the Wellness Director or Administrator if any medications or syringes are found in a resident's room.

On 10/16/2024 the Wellness Director will educate the clinical team on the need to notify the Wellness Director or Administrator if any medications or syringes are found in a resident's room.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/19/2024)

184b - Labeling OTC/CAM

7. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], the following medications belonging to Resident [redacted] were not identified with the resident's name:

- a tub of [redacted], two (2) 4.9-ounce tubes of [redacted], a bottle of [redacted]

184b Labeling OTC/CAM (continued)

██████████, a tube of ██████████ and a partially used bottle of ██████████.

On ██████████, a 6 oz tube of ██████████ belonging to Resident ██████████ was observed in Resident ██████████ bathroom and was not identified with the resident's name.

Plan of Correction

Accept (██████████ - 10/21/2024)

Immediate Corrective Action:

On 9/18/2024 the Wellness Coordinator educated Resident ██████████ about the regulation that all OTC medications shall be identified with the resident's name. The Wellness Coordinator removed the items, labeled everything with the appropriate name, and placed the ██████████ ██████████ and ██████████ in the medication cart. The ██████████ and ██████████ were labeled with Resident ██████████ name and placed in the medication room in a locked cabinet with other wound care supplies.

On 9/18/2024 the Administrator educated Resident ██████████ about the regulation that all over the counter medications shall be identified with the resident's name. The Administrator removed the tube of ointment, labeled it with the resident's name and had it locked securely in the medication cart.

Plan for Ongoing Compliance:

On 9/23/2024 Resident ██████████ medical provider completed an evaluation and determined that Resident ██████████ cannot safely self administer medications. The Wellness Coordinator requested orders for those OTC medications found in Resident ██████████ so they can be kept securely in the medication cart and administered as needed.

On 9/30/2024 the Administrator began weekly audits of 20% resident rooms to ensure all OTC medications, CAM and syringes are identified appropriately with the resident's name.

On 10/14/2024 the Wellness Director and Wellness Coordinator will begin checking all resident rooms on a weekly basis to ensure all medications are labeled with the resident's name.

On 10/21/2024 the Wellness Director and Wellness Coordinator will begin weekly audits of the medication carts to ensure over OTC medications are labeled with the resident's name.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented (██████████ - 11/19/2024)

227a - Support Plan 30 Days

8. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident ██████████ was admitted on ██████████; however, the resident's initial support plan was not completed until ██████████.

Repeat Violation 4/1/23, et al.

Plan of Correction

Accept (██████████ - 10/15/2024)

Immediate Corrective Action:

On 9/20/2024 the Wellness Director conducted an audit of all resident records to determine if any other written

227a Support Plan 30 Days (continued)

support plans were not implemented within 30 days of admission to the home.

Plan for Ongoing Compliance:

On 9/23/2024 the Administrator conducted an audit of all resident records in the electronic medical record (EMR) system to determine if any other written support plans were out of compliance.

On 9/30/2024 the Wellness Director educated the Marketing Director on the regulatory guidelines related to the support plan implementation.

On 10/1/2024 the Marketing Director began notifying all leadership team members (via email) of each new admission. A task has been added to the Admission Checklist to alert all leadership team members that a new resident has arrived.

On 10/2/2024 the Administrator educated the Activity Director on the importance of completing the activities portion of the support plan within 30 days to ensure compliance with this regulation.

Beginning on 10/14/2024 the Administrator will review the Dashboard in the EMR system to ensure full compliance with implementation of all initial support plans.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/19/2024)

227e - Self Administer Medication

9. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [redacted] current assessment, dated 11/15/23, does not address the resident's ability to self administer medications. However, Resident [redacted] most recent medical evaluation, dated 11/7/23, indicates Resident [redacted] can self administer [redacted]

Plan of Correction

Accept [redacted] - 10/21/2024)

Immediate Corrective Action:

On 9/24/2024 the Wellness Director conducted an audit of all resident records to determine if the support plan documents the ability of the resident to self administer medications if the medical provider indicates resident is able to self administer.

On 10/18/2024 the Wellness Director updated the support plan for Resident [redacted] to reflect that she is able to self administer one (1) medication.

Plan for Ongoing Compliance:

On 9/27/2024 the Administrator conducted an audit of all resident records in the electronic medical record (EMR)

227e Self Administer Medication (continued)

system to determine that the ability to self administer a medication is documented appropriately on the written support plan.

On 9/30/2024 the Wellness Director educated the Wellness Coordinator on the regulatory guidelines related to documentation of self administration of medications on the written support plan. Wellness Coordinator will follow up with medical providers as necessary to obtain approval for self administration and appropriate documentation. Beginning on 10/14/2024 the Administrator will conduct weekly audits of 20% of resident written support plans to confirm that the orders from the doctor to self administer are correctly reflected on the written support plans.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented (█ - 11/19/2024)