

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

June 9, 2025

[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 04/02/2025, 04/03/2025 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:** 03/13/2026
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 Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Waking Staff:** 56

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/03/2025

Inspection Dates and Department Representative

04/02/2025 - On-Site: [REDACTED]
04/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 53

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 21 **Have Physical Disability:** 3

Inspections / Reviews

04/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/02/2025

05/05/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/07/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/12/2025

Inspections / Reviews *(continued)*

05/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/07/2025

06/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2025

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 3:10 AM, there was a physical altercation between Resident [REDACTED] and Resident [REDACTED]. However, a written report was not submitted to the Local Area Agency on Aging.

Repeated Violation - [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 05/05/2025)

Immediate Corrective Action:

On 4/3/2025 the Administrator submitted a written report to the Local Area Agency on Aging describing the incident between Resident [REDACTED] and Resident [REDACTED].

On 4/3/2025, during the on-site exit conference, the Administrator was educated by Department representatives on the regulation that the home shall immediately report suspected abuse of a resident served in the home.

Plan for Ongoing Compliance:

On 4/28/2025 the Administrator began a daily audit of all incidents and daily notes in the electronic medical record to determine if any incidents of abuse need to be reported to the Local Area Agency on Aging.

On 5/5/2025 the Administrator will register for the PS Mandatory Abuse Reporting Training Course offered by the PA Department of Aging. The course will be completed by 5/31/2025.

On 5/14/2025 the Wellness Director will educate all nursing staff on how to identify abuse and the procedures for documenting and reporting suspected incidents.

On 5/20/2025 the Administrator will attend a department approved training entitled "Observation and Reporting in Personal Care Home" offered by Northampton community College.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 06/09/2025)

16c - Written Incident Report

2. 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 8:30 AM, Resident [REDACTED] fell in the home causing the right side of [REDACTED] face to start bleeding and bruising. The resident was transported to the hospital and was diagnosed with a facial contusion. However, this incident was not reported to the Department.

Repeated Violation - [REDACTED] et al

16c - Written Incident Report (continued)

Plan of Correction

Accept [redacted] - 05/05/2025)

Immediate Corrective Action:

On 4/3/2025, during the on-site exit conference, the Administrator was educated by Department representatives on the regulation that the home shall report any incident or condition to the Department's personal care home regional office within 24 hours in a manner designated by the Department. Special attention was given to Appendix B: Requirements and Best Practices for Reportable Incidents.

Plan for Ongoing Compliance:

On 4/28/2025 the Administrator began a daily audit of all incidents and daily notes in the electronic medical record to determine if any incidents or conditions need to be reported to the Department.

On 4/30/2025 the Administrator submitted a written incident report to the Department for the incident noted above for Resident [redacted]

On 5/14/2025 the Wellness Director will educate all clinical staff on the proper procedures for documenting and reporting all incidents and changes in resident conditions.

On 5/20/2025 the Administrator will attend a department approved training entitled "Observation and Reporting in Personal Care Home" offered by Northampton community College.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/09/2025)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 05/13/2025)

Immediate Corrective Action:

On 4/3/2025 the Maintenance Director attached a copy of the emergency telephone numbers directly to the telephone cord of the telephone located on the nightstand in Resident [redacted] room.

On 4/8/2025 the Maintenance Director completed an audit of all resident rooms to ensure the emergency telephone numbers were posted by each telephone with an outside line.

Plan for Ongoing Compliance:

On 4/15/2025 the Maintenance Director updated the Resident Room Housekeeping Task List to include a line item to verify emergency telephone numbers are posted on or by each telephone with an outside line.

On 4/21/2025 the housekeeping team began using the new task list to verify that the emergency telephone numbers are posted on or by each telephone with an outside line.

Beginning on 5/5/2025 the administrator will begin conducting a weekly audit of 10% of resident rooms to ensure the emergency telephone numbers are posted on or by each telephone with an outside line.

On 5/15/2025, during the monthly Safety Committee Meeting, the administrator will educate the Maintenance Director and housekeeping, laundry and clinical staff members on the importance of verifying that the emergency

91 - Telephone Numbers (continued)

telephone numbers are posted by each telephone with an outside line.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/09/2025)

183b - Meds and Syringes Locked

4. 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.

Description of Violation

On [redacted], at 8:59 AM, the medication cart located by the dining room and resident room [redacted] was unlocked, unattended, and accessible.

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 05/13/2025)

Immediate Corrective Action:

On 4/2/2025 when the Department representative entered the community, [redacted] discovered the medication cart located by the dining room and resident room 29 was unlocked. [redacted] alerted the administrator, who immediately secured the medication cart. The Wellness Coordinator and Wellness Director then educated the LPN assigned to the cart that morning that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked.

Plan for Ongoing Compliance:

On 5/5/2025 the Wellness Director, Wellness Coordinator and Administrator will begin conducting daily audits of all medication carts. These audits will be completed at random times of the day to ensure the carts are continually secured.

On 5/14/2025 the Wellness Director will educate all nurses and medication technicians on the regulation that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked. Education will include the possible disciplinary action that will be taken if the nurse or medication technician fails to follow the regulation.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/09/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] was prescribed to check wight daily with orders to call physician if the resident gains 2 lbs. or more in 24 hours. However, on [redacted] and [redacted], the weight of Resident [redacted] was not documented. There is no reason given for

185a Implement Storage Procedures (continued)

why the weight was not documented.

Resident [REDACTED] is prescribed [REDACTED] with orders to place on both legs in the morning and remove at bedtime for [REDACTED]. However, on [REDACTED] and [REDACTED], these were not put on the resident. The reason these were not put on is not documented.

Plan of Correction

Accept [REDACTED] - 05/13/2025)

Immediate Corrective Action:

On 4/3/2025 the Wellness Director reviewed the medication administration records for Resident [REDACTED] and Resident [REDACTED] to determine any underlying patterns to the errors in following policy and documentation. Noncompliance was noted by multiple staff members, indicating the need for a thorough review of the regulation with all staff persons trained to administer medications.

Plan for Ongoing Compliance:

On 4/23/2025 the Wellness Director educated the nurses and medication technicians about the regulation that all trained staff persons must follow the home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment. This includes documenting the reason why a prescriber's orders are not followed.

On 5/6/2025 the Administrator will meet with the Wellness Director and Wellness Coordinator to ensure that the home has developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

On 5/14/2025 the Wellness Director will educate all nurses and medication technicians on the procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. More specifically, this will address the importance of following prescriber's orders and documenting when unable to adhere to the order.

Beginning on 5/12/2025 the Wellness Director and Wellness Coordinator will conduct a weekly audit of 25% of resident medical administration records to ensure that staff are accurately documenting reasons when a prescriber's order is not being followed. Audits will continue until all resident records have been reviewed.

Licensee's Proposed Overall Completion Date: 06/07/2025

Implemented [REDACTED] - 06/09/2025)

187c - Refusal of Medication

6. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [REDACTED] and [REDACTED], at 8:00 AM, Resident [REDACTED] refused [REDACTED],

187c Refusal of Medication (continued)

██████████ and ██████████. However, these refusals were not reported to the prescriber.

Plan of Correction

Accept ██████ - 05/05/2025)

Immediate Corrective Action:

On 4/4/2025 the Wellness Director reviewed the medication administration record for Resident ██████ to determine if medication refusals were being reported to the prescriber according to policy and procedure. Notification was faxed to the prescriber to report the refusal of medications on 3/29/2025, 3/30/2025, and 4/4/2025.

Plan for Ongoing Compliance:

On 4/23/2025 the Wellness Director educated the nurses and medication technicians about the regulation that if a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. In addition, the refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber.

On 5/5/2025 the Wellness Director and Wellness Coordinator will begin auditing the electronic medication administration record to verify that all medication refusals are being reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Audits will be conducted on a minimum of three (3) residents daily and will continue until all residents have been audited at least once.

On 5/14/2025 the Wellness Director will educate all nurses and medication technicians, including all agency nursing staff, on the proper procedure for documenting and reporting all medication refusals. Education will include the possible disciplinary action that will be taken if the nurse or medication technician fails to follow the regulation.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (██████ - 06/09/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident ██████ is prescribed ████████████████████ with orders to take 2 tablets by mouth every 8 hours. However, on ██████ and ██████, at 11:45 PM, the medication was not given due to the medication not being available in the home.

Repeated Violation ██████████

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 05/05/2025)

Immediate Corrective Action:

On 4/4/2025 the Wellness Director and Wellness Coordinator completed an audit of each medication cart to ensure that all medications prescribed have been received and are being administered as directed.

Plan for Ongoing Compliance:

On 4/23/2025 the Wellness Director educated the nurses and medication technicians about the regulation that states the home shall follow the directions of the prescriber.

On 5/5/2025 the Wellness Director and Wellness Coordinator will begin daily audits of all incoming orders to ensure that all medications have been received and are being administered to the appropriate resident based on the directions of the prescriber.

On 5/14/2025 the Wellness Director will educate all nurses and medication technicians, including all agency nursing staff, about the regulation that states the home shall follow the directions of the prescriber. Education will include the possible disciplinary action that will be taken if the nurse or medication technician fails to follow the regulation.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 06/09/2025)

225c - Additional Assessment

8. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [REDACTED] Resident [REDACTED] was physically aggressive toward another resident. As of [REDACTED], Resident [REDACTED] most recent assessment, dated [REDACTED], does include changes in the resident's aggression and judgement.

On [REDACTED] Resident [REDACTED] was assessed to require moderate (immobile) physical or oral assistance to evacuate in an emergency by a physician. However, Resident [REDACTED] most recent assessment, dated [REDACTED] states Resident #3 only requires limited physical or oral assistance to evacuate in an emergency. Also, Resident [REDACTED] utilizes a wheelchair for mobility. However, this is not included in the resident's most recent assessment, dated [REDACTED].

Repeated Violation - [REDACTED], et al

225c Additional Assessment (continued)

Plan of Correction

Accept (█ - 05/13/2025)

Immediate Corrective Action:

On 4/2/2025 the Wellness Director updated the assessment and support plan for Resident █ to include changes in the resident's agitation, aggression, and judgement.

On 4/3/2025 the Wellness Director updated the assessment and support plan for Resident █ to include changes in the resident's mobility status and use of a wheelchair for mobility.

Plan for Ongoing Compliance:

On 5/5/2025 the Wellness Director and Wellness Coordinator will begin conducting a Level of Care review for all residents to ensure the assessment and support plans accurately reflect if the condition of the resident has significantly changed since the annual assessment. Any changes noted will be updated on the RASPs and reviewed with the responsible parties.

On 5/14/2025 the Wellness Director will educate all clinical staff members on the importance of communicating with leadership and other team members when a resident has a significant change in status.

On 5/22/2025 the Administrator will add this topic to the quarterly Quality Assurance and Performance Improvement (QAPI) meeting with all department heads. Significant changes for each resident will be discussed at every QAPI meeting to ensure overall compliance with this regulation.

By 5/25/2025 (within 72 hours of the QAPI meeting on 5/22/2025) the Wellness Director will update all RASPs to reflect any significant changes identified for each resident.

On 5/25/2025 the administrator will audit the RASPs for all residents that were identified as having a significant change to ensure the information is updated on the assessment and support plan.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█ - 06/09/2025)