

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

May 19, 2026

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
SZR HAVERFORD AL OPCO LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2026, 04/21/2026 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:** 01/01/2027  
**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:** 1 2      **Date:** 11/20/1997      **Issued By:** Lower Merion Township

## Staffing Hours

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

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Incident      **Exit Conference Date:** 04/21/2026

## Inspection Dates and Department Representative

04/20/2026 On Site: [REDACTED]  
04/21/2026 On Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 98      **Residents Served:** 56

## 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:** 56  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 35      **Have Physical Disability:** 0

## Inspections / Reviews

## 04/20/2026 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/10/2026

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2026

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2026

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

On 4/10/2026, at approximately 9:00 PM, Resident 1 experienced an unwitnessed fall resulting [REDACTED]. The injury required [REDACTED]. The home did not report this incident to the department until 4/12/2026 at 12:30 PM.

Plan of Correction

Accept ( [REDACTED] - 05/11/2026)

The incident involving resident #1 was reported to DHS on on 4/12/2026.

On 4/20/26 Upon identification of the delayed report, the Executive Director immediately reviewed the event timeline and confirmed that all required documentation was compiled and submitted.

4/21/2026, the ED conducted a retrospective audit of the 2026 reportable incidents and confirmed there were no other late reports.

4/22/26 The Executive Director reeducated all coordinators in accordance with 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.

Beginning on 4/21/26 and for the next 8 weeks ED will review all incident reports and if deemed reportable will ensure the incident is reported to the department in 24 hours in compliance with 2600.16.c

Starting 4/21/26 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: 05/09/2026

Implemented ( [REDACTED] - 05/19/2026)

44g Telephone Number

2. Requirements

2600.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The correct current telephone number of the local ombudsman is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [REDACTED] - 05/11/2026)

On 4/20/2026 the Executive Director immediately verified the correct and current telephone number for the local ombudsman was posted in a conspicuous and public location within the home, accessible to all residents, staff and visitors in accordance with 2600.44.g

44g - Telephone Number (continued)

On 4/21/26 ED reviewed all required postings throughout the home were reviewed for regulatory compliance including verification of all listed agencies in compliance with 2600.44.g

Starting on 4/21/2026 The Executive Director/BOC will conduct weekly audits for 8 weeks to ensure compliance with 2600.44.g

Starting 4/21/26 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: 05/09/2026

Implemented ( [redacted] ) - 05/19/2026

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and/or telephone use and notification of emergency services.

Plan of Correction

Accept ( [redacted] ) - 05/11/2026

On 4/20/2026 Staff person A was immediately reeducated on the requirements 2600.65.a

On 4/22/2026 Executive Director reeducated BOC on regulation 2600.65a.

On 4/22/26 An audit was conducted by the Business office Coordinator to confirm that no other team member files were missing the required documentation in accordance with 2600.65.a

65a FS Orientation 1st Day (continued)

4/22/26 for the next 8 weeks The ED or BOC shall sign off of on all team member paperwork prior to the team member starting their first day of work to ensure that the team members are in compliance with 2600.65.a.

Starting 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: 05/08/2026

Implemented (█ - 05/19/2026)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed █ 40th scheduled work hour as of March 2025. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and/or reporting of reportable incidents and conditions.

Plan of Correction

Accept (█ - 05/11/2026)

On 4/20/2026 Staff member A was immediately reeducated on required orientation topics in accordance with 2600.65. and documentation of the completed trainings was placed in the employee's personnel file.

On 4/21/2026 the BOC conducted and audit of all team members personnel files to ensure compliance with 2600.65.b

Beginning on 4/20/26 the BOC will conduct weekly audits for 8 weeks to ensure compliance with 2600.65.b

Starting 4/21/26 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: 05/15/2026

Implemented (█ - 05/19/2026)

## 65f Training Topics

## 5. Requirements

2600.

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

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct Care Staff Person B did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1/2025 through 12/31/2025.*

*Direct Care Staff Person C did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1/2025 through 12/31/2025.*

*Repeat violation: 3/24/25 et al*

**Plan of Correction**

Accept (█) - 05/11/2026

*On 4/21/26 Staff members B and C were identified as not having completed the required annual trainings in accordance with 2600.65.65(f), specifically training on care for residents with mental illness and/or intellectual disabilities.*

*On 4/21/26 The BOC was reeducated in accordance with 2600.64.f*

*On 4/21/26 The BOC conducted an audit to of all team members to ensure compliance with 2600.65f.*

*Staff Members B and C completed their required training on 4/29 and 4/30 and documentation has been placed in their files.*

*On 4/29/26 and 4/30/26, the facility conducted an all-staff training to re-educate team members on the requirement 55PA.Code 2600.65 (f) with specific emphasis on topic #7:care for residents with mental illness and intellectual disabilities.*

*Beginning on 4/21/26 the BOC will conduct weekly audits for 8 weeks to ensure compliance with 2600.65.b*

*Starting 04/21/2026 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: 05/15/2026**

65f - Training Topics (continued)

Implemented ( ) - 05/19/2026

103i - Outdated Food

6. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were two unlabeled, undated bags of parsley in the main kitchen refrigerator.

Plan of Correction

Accept ( ) - 05/11/2026

On 4/20/26 The two unlabeled and undated bags of parsley were immediately thrown out. The walk in refrigerator was inspected by the DSC (Dietary Supervisor Coordinator) to ensure all food remaining were properly labeled and dated in accordance with facility policy and 103.i

On 4/20/26 Dining service coordinator (DSC) was immediately reeducated by the Executive Director in accordance with 2600.103.i.

The DSC or Lead Cook will monitor the walk in refrigerator as needed to ensure compliance with 2600.103.i . Any food items that are unlabeled and or undated will be discarded immediately.

Beginning on 4/21/26 and weekly conduct weekly audits for 8 weeks to ensure compliance with 2600.103.i

Starting 4/21/2026 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: 05/09/2026

Implemented ( ) - 05/19/2026

162c - Menus Posted

7. Requirements

- 2600.
- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 4/19 through 4/25/2026 was posted. However, the home's menu for the following week, 4/26 through 5/2/2026, was not posted.

Repeat violation: 3/24/25 et al

Plan of Correction

Accept ( ) - 05/11/2026

On 4/20/26 The weekly menu for the week of 4/26/2026 through 5/2/2026 was immediately prepared and posted in a conspicuous public location within the home in accordance with 55 Pa. Code §2600.162(c).

On 4/20/26 the Executive director reeducated The Dietary Services Coordinator (DSC) on menu posting

162c Menus Posted (continued)

requirements related to §2600.162(c), which states that menus identifying the specific foods to be served at each meal shall be prepared at least one week in advance, posted in a conspicuous and public location within the home, and followed as written.

To prevent recurrence, the DSC/Lead Cook will prepare menus at least two weeks in advance and ensure that accurate menus reflecting the current menu cycle are posted in a conspicuous public location within the home at all times in accordance with 2600.162c.

Beginning on 4/21/26 and weekly for the next 8 weeks the DSC/Lead cook will audit posted menus weekly in accordance with 2600.162.c

Starting 4/21/26 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: 05/08/2026

Implemented (█) - 05/19/2026)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed Macrobid Oral Capsule 100 mg. Resident 2's March 2026 medication administration record does not include the initials of the staff person who administered Macrobid Oral Capsule 100 mg on 3/1/2026 at 9:00 PM.

Resident 3 is prescribed Cholecalciferol Oral Capsule 50 mcg. Resident 3's March 2026 medication administration record does not include the initials of the staff person who administered Cholecalciferol Oral Capsule 50 mcg on 3/12/2026 at 2:00 PM.

Resident 4 is prescribed Rosuvastatin Calcium Oral Tablet 10 mg and Risperdal Oral Tablet .5mg. Resident 4's March 2026 medication administration record does not include the initials of the staff person who administered Rosuvastatin Calcium Oral Tablet 10 mg and Risperdal Oral Tablet .5mg on 3/15/2026 during the 7:00 PM to 9:00 PM medication administration window.

Plan of Correction

Accept (█) - 05/11/2026)

On 4/21/26 The Resident Care Director (RCD) immediately educated medication care managers in accordance with 187b. RCD conducted a medication administration audit to ensure that all medications were administered and documented in accordance with the regulation 187b.

The RCD/Wellness Nurse will re educate all Medication Care Managers regarding proper medication administration procedures, documentation requirements, and accordance of 187b.

187b Date/Time of Medication Admin. (continued)

To prevent recurrence, Medication Care Managers will review their medication assignments each shift to ensure medications are administered and documented accurately, timely, and in accordance with physician orders and 187.b.

Beginning on 4/21/26 and weekly for the next 8 weeks the RCD will audit weekly to ensure a timely narcotic administration in accordance 187.d

Starting 4/21/26 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: 05/15/2026

Implemented ( ) - 05/19/2026

187d - Follow Prescriber's Orders

9. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Tramadol 50 mg Tab, take 1 tablet by mouth twice daily. This medication is scheduled to be administered between 8:00 AM and 10:00 AM, however, on 4/21/2026, though this medication was signed out and documented as being administered at 9:14 AM, this medication was not administered to Resident 2 until 10:27 AM.

Repeat violation: 3/24/25 et al

Plan of Correction

Accept ( ) - 05/11/2026

On 4/21/26 The Resident Care Director (RCD)/Wellness Nurse immediately conducted a medication administration audit to ensure medications were administered and documented in accordance 2600.187d.

The RCD conducted an audit of medication administration records to ensure all medications are administered in accordance with 187d, specifically ensuring that narcotics are administered prior documentation.

On 4/21/2026 RCD educated medication care managers in accordance with 187d specifically ensuring that narcotics are administered prior to documentation.

Beginning on 4/21/26 and weekly for the next 8 weeks the RCD will audit 5 MARS to ensure a timely narcotic administration in accordance 187.d

Starting 4/21/26 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: 05/15/2026

Implemented ( ) - 05/19/2026