

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

October 15, 2026

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

RE: SUNRISE OF GRANITE RUN
247 NORTH MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14490

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2026, 09/09/2026 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 GRANITE RUN **License #:** 14490 **License Expiration:** 01/01/2027
Address: 247 NORTH MIDDLETOWN ROAD, MEDIA, PA 19063
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/01/1996 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 142 **Waking Staff:** 107

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/10/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site: [REDACTED]
09/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 90

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 38 **Residents Served:** 36

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 90
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 52 **Have Physical Disability:** 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/09/2026

10/13/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/16/2026

Inspections / Reviews *(continued)*

10/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2026

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 January 25, 2026, Resident 1 was observed ambulating from lunch and verbalized they were choking, Resident 1 was sent out to the hospital via EMS services. The home did not report this incident to the department until January 27, 2026.

Plan of Correction

Accepted (████ - 10/13/2026)

On 9/11/2026, Executive Director (ED), Resident Care Director (RCD) and Resident Care Coordinator (RCC) reviewed the incident reporting regulations and re-educated RCD & RCC on 55 Pa. Code Chapter 2600 for the reporting criteria and requirements to ensure that reportable incidents are made to the department's regional office within 24 hours or the incident and in the manner designated by the department.

On 9/15/2026 ED, RCD and RCC reviewed the reportable incident binder to conduct an audit ensuring that the home reported 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.

Starting 10/1/2026 and for a period of 60 days, ED will conduct monthly binder checks to ensure that the home reported 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.

Starting 10/1/2026 for 2 QAPI meetings, the Plan of Corrections (POC) 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: 10/08/2026

Implemented (████ - 10/15/2026)

91 - Telephone Numbers**2. 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 room 205.

91 - Telephone Numbers (continued)

Plan of Correction

Accept () - 10/13/2026

On 9/9/2026, Resident Care Coordinator (RCC) immediately and in the presence of the surveyor, posted a sticker that contained Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on the nightstand by the resident's telephone. This ensures that the posted information is clear, visible and easily accessible to residents and staff.

Starting 9/30/2026, upon receiving DHS violation report, Executive Director (ED) and RCC conducted a retraining to ensure that staff are educated on the regulation and the importance of having a posted sticker that contained Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by the resident's telephone.

On 9/10/2026 ED, RCC and Reminiscence Supervisor (RS) conducted an audit for all residents' rooms and telephones throughout the community to ensure that the required emergency telephone numbers are posted. Any damaged, unclear or missing stickers will be replaced immediately.

Starting 10/1/2026 and for a period of 60 days, RCC & RS will conduct monthly checks to ensure that the required emergency telephone numbers are posted.

Starting 10/1/2026 for 2 QAPI meetings, the Plan of Corrections (POC) and monitoring results will be reviewed and evaluated by the ED 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: 10/08/2026

Implemented () - 10/15/2026

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident 2's Acyclovir External Ointment 5% does not include the prescribed dosage and instructions for administration. The Acyclovir External Ointment 5% label reads to apply daily as needed. However, the medication administration record states to apply every 6 hours as needed.

Plan of Correction

Accept () - 10/13/2026

On 9/9/2026 Resident Care Director (RCD) immediately reviewed the medication in question against the prescribing physician's orders. The instructions for the medication administration were updated and a change of direction label was posted on the medication.

On 9/9/2026, RCD conducted retraining with the wellness team to ensure that staff are educated on the regulation and that the original container for prescription medications shall be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

On 9/11/2026 RCD conducted an audit for all medication carts to ensure that all medication is in the original container for prescription medications is labeled with a pharmacy label that includes "The prescribed dosage and instructions for administration".

Starting 10/1/2026 and for a period of 60 days, RCC will conduct monthly medication audit to ensure that original container for prescription medications shall be labeled with a pharmacy label that includes (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.

Starting 10/1/2026 for 2 QAPI meetings, the Plan of Corrections (POC) and monitoring results will be reviewed and evaluated by the ED 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: 10/08/2026

Implemented () - 10/15/2026)

233c - Key-Locking Devices**4. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 9/9/2026 at 10:11 am, The directions for operating the home's locking mechanism are not conspicuously posted near the exit gate on the patio area in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept () - 10/13/2026)

On 9/9/2026, Reminiscence Supervisor (RS) immediately reposted the directions for the electronic lock device in the Reminiscence garden. The directions were posted next to the electronic lock device in a location that is easily accessible and conspicuous. Code was also added to the top of the lock to ensure redundancy.

On 9/10/2026, RS conducted an audit of all exits where a key locking device, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits. This audit is to ensure that directions for their operation are conspicuously posted near the device. Any missing or damaged instructions or directions will be replaced immediately.

On 10/2/2026, RCC and ED conducted retraining with the community's Direct Care Staff Persons to ensure that staff are educated on the regulation and that all exits where a key locking device, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation are conspicuously posted near the device

Starting 10/1/2026 and for a period of 60 days, RCC or RS will conduct weekly audits to ensure that staff are educated on the regulation and that all exits where a key locking device, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation are conspicuously

233c - Key-Locking Devices (continued)

posted near the device.

Starting 10/1/2026 for 2 QAPI meetings, the Plan of Corrections (POC) and monitoring results will be reviewed and evaluated by the ED 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: 10/08/2026

Implemented (█ - 10/15/2026)