

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

June 5, 2025

[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 Ms. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025, 03/25/2025, 04/07/2025 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: SUNRISE OF HAVERFORD License #: 14492 License Expiration: 01/01/2026
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: I-2 Date: 11/20/1997 Issued By: Lower Merion Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 03/26/2025

Inspection Dates and Department Representative

03/24/2025 - On-Site: [Redacted]
03/25/2025 - On-Site: [Redacted]
04/07/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 Residents Served: 48

Secured Dementia Care Unit

In Home: Yes Area: Reminiscence Capacity: 25 Residents Served: 16

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 36 Have Physical Disability: 0

Inspections / Reviews

03/24/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2025

Inspections / Reviews (*continued*)

05/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/17/2025

05/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/25/2025

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/24/2025, there was no copy of the chapter 2600 regulations in a conspicuous and public place in the personal care home.

Plan of Correction

Accept (█ - 05/12/2025)

On 3/24/2025 a copy of the 2600 regulations was immediately placed in a conspicuous area located at the front desk so that it may be viewed by the public.

On 3/25/2025 the concierge was reeducated and will conduct daily checks to confirm regulation guide in accordance with 2600 3.c. for 60 days

Monitor-ED will review concierge findings during QAPI for the 3rd and 4th quarters. If the plan 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: 05/15/2025

Implemented (█ - 06/05/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired █ did not have a criminal background check conducted by the Pennsylvania State Police until the home requested one on 3/24/25.

Plan of Correction

Accept (█ - 05/12/2025)

On 3/24/25 The BOC immediately ran the criminal background check conducted by the Pennsylvania state police and the result was placed in the Staff member A's file.

BOC completed an audit to ensure that all criminal history checks are completed and present in all team member files and prior to team member working the floor.

On 3/25/2025 ED reeducated BOC on 2600, 51 on ensuring that criminal checks are in accordance with Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

ED will review findings results in QAPI for the 3rd and 4th quarter. If the plan 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: 05/15/2025

Implemented (█ - 06/05/2025)

65f - Training Topics

**3. 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 A did not receive training in the following topics during training year 2024:*

- *Medication self-administration training.*
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- *Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.*

**Plan of Correction**

**Accept (█ - 05/22/2025)**

*On 3/25/2025 BOC was reeducated on the requirements of 2600 65. f.*

*On 5/14/2025 and 5/20/25 The Executive Director and RCD held two trainings on 65f for all direct care staff members on the following topics -*

- (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 mental retardation, or both, if the population served in the home.*

*5/14/2025 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 in QAPI meeting for four meetings.*

*If the plan 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: 05/23/2025**

**Implemented (█ - 06/05/2025)**

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 3/24/2025 at approximately 9:30 am, a container of Ecolab laundry detergent, with a manufacture's label warning "For external use only," was unlocked, unattended, and accessible to residents in the laundry room Reminiscence, the home's Secure Dementia Care Unit. The residents of Reminiscence, including residents #1 and #2, have not been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 05/12/2025)

On 3/24/2025 The laundry room was immediately secured to ensure that no poisonous materials were accessible to residents. The RC immediately completed a walkthrough of the memory care neighborhood to ensure all poisonous materials were locked and inaccessible to residents.

Reminiscence Coordinator re educated all team members on the importance of keeping poisonous materials inaccessible to residents on 3/26/2025.

RC and LCM will conduct audits in the reminiscence neighborhood daily to ensure regulatory compliance of 2600.82.c. for 60 days.

POC and monitoring results will be reviewed and evaluated by the ED and coordinators at the Quality Assurance and Performance Improvement /QAPI meeting for the 3rd and 4th quarters.

If the plan 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: 05/15/2025

Implemented (█ - 06/05/2025)

91 - Telephone Numbers

5. 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

On 3/25/2025, there are no emergency telephone numbers to include the nearest hospital and fire department on or by resident #3's cell phone in room █

Plan of Correction

Accept (█ - 05/12/2025)

On 3/25/2025 staff immediately posted Emergency Telephone numbers on the wall and near the resident's cell phone.

The Maintenance coordinator immediately did an audit of the residents rooms to ensure that emergency numbers are present an in view.

On 3/26/2025 ED reeducated MC on the ensuring that emergency telephone numbers are posted by each telephone with an outside line.

MC will conduct weekly audits to ensure the emergency telephone numbers are posted by each telephone with an

91 - Telephone Numbers (continued)

outside line.

If the plan 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: 05/15/2025

Implemented (█) - 06/05/2025

101j7 - Lighting/Operable Lamp

6. 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

On 3/25/2025, resident #4 did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Accept (█) - 05/12/2025

On 3/25/2025 staff immediately put the lamp within reach of the resident.

MC conducted an audit of all resident rooms to ensure that An operable lamp or other source of lighting that can be turned on at bedside.

On 3/26/2025 ED reeducated the PC Coordinator and REM coordinator to ensure that each resident has an operable lamp or other source of lighting that can be turned on at bedside.

MC will conduct weekly audit to ensure that each has an operable lamp or other source of lighting that can be turned on at bedside.

If the plan 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: 05/15/2025

Implemented (█) - 06/05/2025

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/24/2025, a can of spaghetti sauce in the home's dry food supply had a sizable dent in its front side and lid.

Plan of Correction

Accept (█) - 05/12/2025

ON 3/24/2025 The can was immediately moved to an area of the dry storage marked "dented cans."

DSC was reeducated on 3/24/2025 on 2600.103.g-food shall be stored in closed or sealed containers.

On 3/25/2025 DSC conducted an audit of all cans in the dry storage to ensure no other dented cans remained.

DSC will conduct weekly audits to ensure no cans are dented for 60 days.

If POC 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: 05/15/2025

103g - Storing Food (continued)

Implemented (█) - 06/05/2025

107c - Food/Water 3 Day Supply

8. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/26/2025, the home served 48 residents, requiring 144 gallons of emergency drinking water. However, the home had just under 127 gallons.

Plan of Correction

Accept (█) - 05/12/2025

On 3/25/2025 An order was immediately placed for water delivery that arrived on 3/27/2025.

The DSC was reeducated on 2600 107.c that The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

DSC will conduct weekly audits of water supply 60 days.

DSC will report results to the ED to be reviewed by the QAPI committee for the next two quarters.

If POC 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: 05/15/2025

Implemented (█) - 06/05/2025

162c - Menus Posted

9. 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

On 3/25/2025, the home's menu for the week of 3/23-3/29/2025 was posted. However, the meals for 3/30-4/1/25 were not posted.

Plan of Correction

Accept (█) - 05/12/2025

3/25/2025 DSC immediately posted the following weeks menu in a conspicuous area in the home.

The DSC was reeducated on 3.25.2025 on ensuring that 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 .

The Executive Director will monitor weekly to ensure compliance with menu posting for 60 days.

Monitor findings will be reviewed during QAPI for the next two quarters.

If POC 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: 05/15/2025

Implemented (█) - 06/05/2025

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed two 1-gram Omega-3 capsules twice a day. However, this medication was not administered to resident #4 on 3/25/25 at 8:00 am, because the medication was not available in the home.

Plan of Correction

Accept ( ) - 05/12/2025

RCD immediately contacted [redacted] follow up on the delivery of the medication. Medication arrived at 3pm on 3/25/2025

RCD conducted full med cart audits on 3/25/2025 to ensure all medications were available in med carts for all residents as ordered by the prescriber.

RCD educated Med Care Managers and nurses on ensuring all medications are available as ordered by the prescriber.

RCD/Wellness nurse will conduct monthly cart audits for 3 months to ensure all medications are available as ordered by the prescriber. RCD to report findings in QAPI for the next two quarters.

If POC 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: 05/15/2025

Implemented ( ) - 06/05/2025

234b - Support Plan Needs Elements

11. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted], for resident #1 indicates the resident has a puree diet and instructs the staff to "encourage and assist [resident #1] with alternating small bites with sips of beverages.". However, resident #1's Documentation of Medical Evaluation, dated 2/19/2025, states that the resident requires a mechanical soft-texture diet with thin liquids.

Plan of Correction

Accept ( ) - 05/12/2025

RCD immediately updated service plan to reflect accurate diet.

On 3/26/2025 RCD conducted an audit of all services to ensure all diets are accurate.

RCD will conduct weekly audits of all residents service plans. to ensure that each diet is accurate and that MD order for Diet matches what is in the services plan for 60 days.

Any new residents or residents with changes in diet will be monitored in daily stand up meeting to ensure timely accuracy of resident diets.

RCD will monitor for compliance and review in QAPI to ensure that our plan of correction is effective and accurate.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented ( ) - 06/05/2025