

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HCRI SUN III TENANT LP
LEGAL ENTITY

To operate SUNRISE SENIOR LIVING OF DRESHER
NAME OF FACILITY OR AGENCY

Located at 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 105
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 6, 2014 until March 6, 2015
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128410

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 06 2014

Ms. Rebecca Hamilton, Executive Director
HCRI Sun III Tenant, LP
4500 Dorr Street
Toledo, Ohio 43615

RE: Sunrise Senior Living of Dresher
1650 Susquehanna Road
Dresher, Pennsylvania 19025
License #: 128410

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on December 2, 2013 and December 3, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 - On 10/12/13 and 10/13/13 resident # 1 did not receive a schedule dose of Nadolol 80mg at 8am because it was not available in the home. This medication error was not reported to the Department.
 - On 12/2/13 and 12/3/13, resident # 2 did not receive a schedule dose of Atenolol 50mg at 9am because it was not available in the home. The home did not report the medication error to the Department until 12/4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *V S Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan, Exec Dir.* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by *VP*
 (initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Sunrise Senior Living, Inc.
Plan of Correction**

Name of Personal Care Home: Sunrise of Dresher
 Address of PCH: 1650 Susquehanna Road, Dresher, PA 19025
 License number: 12841
 Inspection date(s): December 2, 2013 and December 3, 2013
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Victoria S. Phelan, Sr. Executive Director
 Signature of Sunrise Representative: *V S Phelan*
 Date of Submission: 1/9/14

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
16 (c)	1/8/14	The reportable incident for Resident #1 was submitted on 1/8/14. The medication was obtained on 10/13/13.
	12/4/13	The reportable incident for Resident #2 was submitted on 12/4/13. The medication was obtained and made available for administration on 12/3/13.
	1/7/14, 1/10/14 and 1/13/14 and ongoing	The Medication Care Managers (MCM) have been trained to report to the Health care Coordinator (HCC) when medications are not available and there is a medication error, at the time of the incident.
	1/8/14 and ongoing	The Executive Director (ED/Administrator) and/or the HCC report all reportable events to the Department's personal care home regional office or personal care home complaint hotline within 24 hours. All incidents are reviewed at stand-up by the ED and Coordinators to ensure the proper procedures have been followed.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
On 12/2/13 at 8:50am, four empty resident medication blister packs were scattered among trash laying on the ground outside of the home's municipal dumpster in the parking lot.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
(Date)

Plan of correction implementation status as of 1/15/14
(Date)

The above plan of correction was approved by [Handwritten Initials]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
17	<p>12/2/13</p> <p>12/2/13</p> <p>1/3/14, 1/6/14</p> <p>1/13/14</p>	<p>All of the found medication blister packs were immediately removed from the trash and shredded by the ED.</p> <p>All trash near medication carts and in wellness area was inspected for any possible additional discarded medication blister packs.</p> <p>In-service was held by Senior Health Care Coordinator and the HCC, with all LPNs, RN and MCM. Two of the topics included disposal of medication blister packs and the Sunrise policy of Resident Records regarding Record Security, Retention and Disposal which states outdated records must be destroyed in a manner that protects confidentiality.</p> <p>Blister packs are to be placed in secured shredding containers located on the first floor. The ED ordered separate shredding container for Wellness office to be delivered the week of 1/13/14.</p> <p style="text-align: right;"><i>W. Shelton 1/9/14</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 - The contract for resident # 3, admitted to the home on 6/19/12, was not signed by the resident.
 - The contract for resident # 4, admitted to the home on 11/8/13, was not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria S. Phelan Exec Dir</i>	Date <i>1/9/14</i>
---	--------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>1/15/14</u> <small>(Date)</small></p> <p>The above plan of correction was approved by <u><i>[Handwritten Initials]</i></u> <small>(Initials)</small></p>	<p>Plan of correction implementation status as of <u>1/15/14</u> <small>(Date)</small></p> <p> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented </p>
---	--

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
25 (b)	1/8/14 12/6/13 1/1/14 and ongoing 1/10/14 and ongoing	<p>The ED met with Resident #3 to review the contract (Residency Agreement) and obtained a signature.</p> <p>Resident #4 was discharged before a new contract could be signed.</p> <p>All new Residents sign the Residency Agreement with the ED or a designee, the Resident and the payer, and co-signed by Resident's designated person if any if the Resident agrees.</p> <p>The ED will complete an audit of all current Resident files to ensure Residents have signed their contracts.</p> <p style="text-align: right; margin-right: 50px;"><i>Wp... 1/9/14</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 56 Pa. Code §2600
2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
Resident # 5 was discharged on 8/27/13. The home did not provide the required refund until 11/15/13

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/15/14
(Date)

Plan of correction implementation status as of 1/15/14
(Date)

The above plan of correction was approved by *VP*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
28(f)(2)	11/15/13 12/2/13 12/4/13 12/4/13 and Ongoing	<p>Resident #5 received a refund on 11/15/13.</p> <p>The Business Office Coordinator (BOC) ran a "Refunds Due" report to verify that all residents discharged had received a refund timely.</p> <p>The ED reviewed the Resident Refunds policy with BOC.</p> <p>The BOC checks the "Refunds Due" list weekly to ensure timely processing. The findings are discussed with the ED and any discrepancies are immediately addressed.</p> <p style="text-align: right;"><i>U. Phelan 1/9/14</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 - Resident # 3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
 - Resident # 4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) VP Shelton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Victoria S. Phelan Exec AD Date 1/9/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

The above plan of correction was approved by SN
 (Initials)

Plan of correction implementation status as of 1/15/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
41(e)	1/8/14 12/6/13 1/1/14 and ongoing 1/10/14 and ongoing 1/24/14	<p>The ED met with Resident #3 to review the contract (Residency Agreement) and obtained a signature.</p> <p>Resident #4 was discharged before a new contract could be signed.</p> <p>All new Residents sign the Residency Agreement with the ED or a designee, the Resident and the payer, and co-signed by Resident's designated person if any if the Resident agrees.</p> <p>The ED will complete an audit of all current Resident files to ensure Residents have signed their contracts.</p> <p>At Resident Council, ED will review Residents' Rights and complaint procedures. The ED or designee meets personally with those Residents not present at the Resident Council meeting to have them sign the Resident Rights and Complaint Procedure Acknowledgment Form in January of every year.</p> <p style="text-align: right;">L. Skelley 1/9/14</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 6/25/13, completed the Direct Care Competency test on 12/2/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Victoria S. Phelan, Exec Dir

Date 1/9/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

1/15/14
 (Date)

Plan of correction implementation status as of

1/15/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 65 Pa Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65(d)	12/2/13 12/5/13 1/7/14 and ongoing	<p>Direct Care Staff Person A completed the Direct Care Competency Test on 12/2/13.</p> <p>The ED and the BOC audited the Direct Care Staff personnel files and found no other violations of this regulation. All Direct Care Staff had the competency test completed.</p> <p>The BOC audited all Direct Care Staff personnel files and found no other violations of this regulation. The BOC ensures any newly hired Direct Care Staff (Care Managers/CM) or MCMs have completed the test before hire. The BOC updates the auditing tool each quarter.</p> <p><i>The ED will review all new hire records to ensure that this required training is completed prior to providing unsupervised care starting 2/1/14</i></p> <p><i>Uphelen 1/9/14</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 12/2/13 at approximately 8:50am, the wooden gate to the home's main trash dumpster in the parking lot was wide open. It was visible that unbagged trash was scattered outside of and around the perimeter of the dumpster. The trash included soiled incontinence products, used gloves, fast food containers, and resident medication blister packs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Victoria S. Phelan, Exec. Dir.* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by *(Signature)*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
85 (e)	12/2/13	The trash was immediately collected and placed in the main trash dumpster by the Maintenance Coordinator (MC).
	12/2/13 and ongoing	Trash is taken out at the end of each CMs shift and placed in the dumpster. The MC or designee checks dumpster area in morning and afternoon. The kitchen staff check the dumpster area before leaving each evening to ensure trash is properly placed in receptacle.
	1/10/14 and 1/13/14	Town Hall Meetings will be held and all staff will be in-serviced on community trash management guidelines.
		Upstein 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
 - Resident #1's most recent medical evaluation, dated 6/12/13, contains added information and changes that were not initialed or dated by the person who made them.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Victoria S. Phelan Exec Dir

Date 1/9/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 1/15/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
141 (b)(2)	1/10/14	A new DME was requested on 1/6/14 for Resident #1. Resident's physician will be in the community to complete the new DME by 1/10/14.
	1/17/14	The ED and Health Care Coordinator will conduct an audit of all Resident's DMEs to ensure that all Residents have a DME that reflects their current medical condition.
	1/17/14 and ongoing	The DMEs will be obtained per the Department's regulations of 30 days prior to move-in, annually and if there is a significant change of condition. Any edits or corrections to DME's will be completed by the HCC or designated RN/LPN. Permission granted by the physician will be documented on the DME to include the initials and date of the person who made the correction.
	1/17/14 and On- going	The HCC and or Wellness Nurse audit the DME's for compliance quarterly. Any corrections are completed immediately and the results are reviewed at the Quality Assurance (Management) meetings.

LSPhelan 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PGH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa. Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the bus for resident transportation is missing a CPR breathing shield and a thermometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *VSPhelan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Victoria S. Phelan EXEC DIR* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

The above plan of correction was approved by *SW*
 (Initials)

Plan of correction implementation status as of 1/15/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
171(b)(5)	12/2/13	The breathing shield and thermometer were purchased and added to the first aid kit on the community bus by the Wellness Nurse.
	12/2/13	Wellness Nurse checked all community first aid kits for complete contents.
	12/2/13 and monthly	Wellness Nurse checks the first aid kits monthly for completeness.
		V. P. Helms 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 - On 12/3/13, resident # 2's Prednisone 10mg that had been discontinued was located in the home's medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Victoria S. Phelan* *Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 1/15/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
183 (d)	12/3/13	Resident #2's discontinued Prednisone was immediately removed from the medication cart.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to Medication Administration Record (MAR) and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An in-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14 and 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The HCC and/or Wellness Nurse receive discontinuation orders. They then update the MAR and remove the medication from the cart and dispose of the medication.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications complete an audit of their cart before the end or at the conclusion of their shift to ensure all medications that have been discontinued have been removed. Once completed the audit sheets will be given to the HCC or Wellness Nurse for review.
		WPK 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 There were 2 round white pills loose in the drawer of the 2nd Reminiscence medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

V. Phelan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Victoria S. Phelan *Exec Dir*

Date 1/9/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

1/15/14
 (Date)


Plan of correction implementation status as of

1/15/14
 (Date)

The above plan of correction was approved by

VP
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
183(e)	12/3/13	The two round white pills found loose in the medication drawer were disposed of immediately by the HCC.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to MAR and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An in-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications complete an audit of their cart before the end or at the conclusion of their shift to ensure there are no loose medications. Any identified loose medications will be discarded. Once completed the audit sheets will be given to the HCC or Wellness Nurse for review.
		 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 - On 12/2 and 12/3, resident # 2 did not receive a schedule dose of Atenolol 50mg at 9am because it was unavailable in the home.
 - On 12/3, resident # 6's Nystatin topical powder was not in the medication cart. According to staff, it was administered that morning and could not be located.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/03/2013

Signature of Legal Entity Representative (Required on EVERY Page) *VSPhelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

The above plan of correction was approved by *SP*
 (Initials)

Plan of correction implementation status as of 1/15/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
185(a)	12/3/13	Immediately upon discovery, Resident #2's physician, who was in the building at the time, was notified of the medication error and an order was obtained to give an immediate dose of Atenolol. The Resident and family were notified of the medication error. Reportable event was faxed to Department on 12/4/13.
	12/3/13	Resident #6's Nystatin powder was located immediately and placed in the medication cart.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to MAR and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An in-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The "Pharmacy Services/Medication Check-In Policy" will be followed to ensure future orders will be ordered and received for proper medication administration. All faxed medication orders will be monitored daily by Health Care Coordinator or licensed designee for their arrival. Any medication not received within 24 hours will be re-called into pharmacy for verification of their receipt and status of their delivery.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications follow the five rights of medication administration and identify any missing medications that are to be administered and may not be available. In the event that a medication is not available, a request for immediate delivery from the preferred pharmacy will be initiated.
	1/10/14 and ongoing	On a monthly basis the HCC or designee completes a recapitulation of orders. The MAR and physician orders from the previous month and current month are reviewed for accuracy and any discrepancies are corrected by the HCC or designee through physician and pharmacy. Accurate/corrected MARs are placed in medication binders for use of MCMs/LPNs/RNs when administering

L. Phelan 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
		<p>medications by HCC or designee.</p> <p style="text-align: right;"><i>Uphelen 1/9/14</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The Information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- Resident # 1's medication administration record for Ranitidine HCL 150mg at 8am on 9/14 and 9/25 was not initiated. Resident # 1's Artificial Tears 1.4% on 9/18 at 8am, on 9/28 at 4pm, and on 10/6 at 8am was not initiated. On 9/30, resident # 1's Ensure 8oz. at 9am was not initiated. On 10/10, resident # 1's Vitamin D2 50,000 units at 8am was not initiated, on 10/13 DOK 100mg at 8am was not initiated, and on 10/18 Vitamin D3 2,000 units at 8am was not initiated.

-On 12/2, staff did not initial the medication administration record for resident # 7's scheduled dose of Ciproflaxin HCL 250mg and DOK 100mg at 9pm.

- On 12/3, staff did not initial the medication administration record for resident # 9's Tylenol 500mg at 8pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187 (b)	12/3/13	The HCC verified Resident #1's medication orders to ensure the medications were accurate and current. The HCC conducted an investigation to determine if the medications had been administered.
	12/3/13	The HCC conducted an investigation and verified that Resident #7's medications had been administered.
	12/3/13	The HCC conducted an investigation and verified that Resident #9's medications had been administered.
	1/8/14	The ED submitted an incident report for Resident #1's medication error.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to MAR and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An In-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Administration, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications will complete an audit of their cart before the end or at the conclusion of their shift to ensure medications administered are documented on the MAR at time of administration. Once completed the audit sheets will be given to the HCC or Wellness Nurse for review.
1/6/14 and On-going	On a monthly basis the HCC or designee completes a recapitulation of orders. The MAR and physician orders from the previous month and current month are reviewed for accuracy and any discrepancies are corrected by the HCC or designee through physician and pharmacy. Accurate/corrected MARs are placed in medication binders for use of MCMs/LPNs/RNs when administering medications by HCC or designee.	

Uphill 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazlmer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.167(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.

2a. DESCRIPTION OF VIOLATION

- On 9/26 resident # 1 refused a scheduled dose of Artificial Tears 1.4%, DOK 100mg, and Nadolol 80mg at 8am. On 10/3 resident # 1 refused to take a scheduled dose of Artificial Tears 1.4% at 8am. On 10/7 resident # 1 refused to take a schedule dose of Artificial Tears 1.4%, DOK 100mg, and Nadolol 80mg at 8am. The home did not notify the prescriber of the refusals.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):	09/03/2013
----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14 (Date)

Plan of correction implementation status as of 1/15/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187 (c)	12/3/13	The HCC verified Resident #1's medication orders to ensure the medications were accurate and current.
	1/8/14	The HCC reported the 9/26/13, 10/3/13 and the 10/7/13 refusals to the Physician.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to MAR and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An in-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications will complete an audit of their cart before the end or at the conclusion of their shift to identify all residents that have refused their medications. In the event that a Resident refuses a medication, the MCM completes a Medication Refusal form which is located in the medication carts. The Medication Refusal form is given to the Wellness Team who notifies the Resident's physician and primary contact person of the medication refusal. The form is then maintained in the Resident's medical chart.

187(c) 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- On 10/30/13, resident # 1's prescription order for Rantidine HCL 150mg, 1 tab by mouth twice daily at 8am and 4pm was changed to 8am and 4pm. On 10/31/13, resident # 1's Rantidine HCL 150mg was initiated as given at 8am, 8am, and 4pm on the medication administration record.
- On 12/2/13 and 12/3/13, resident # 2's Atenolol was not administered at 9am as prescribed because it was not available in the home.
- On 9/10/13 and 9/12/13, 9/23, 9/28/13, and 9/29/13 resident # 8 did not receive wound care at 8pm. On 9/16/13, 9/18/13, 9/23/13, and 9/25/13, resident # 8 did not receive Santyl Ointment 250 units/g. Resident # 8 has an order for daily Accuchecks at 6am. On 10/20/13, there are no staff initials on the medication record for an Accucheck.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s): 09/03/2013	
----------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Victoria S. Phelan Exec Dir Date 1/9/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <u><i>VP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(d)	12/3/13	The HCC verified Resident #1's medication orders to ensure the medications were accurate and current.
	12/3/13	The reportable incident for Resident #2 was submitted on 12/4/13. The medication was obtained and made available for administration on 12/3/13.
	12/3/13	The HCC verified Resident #8's medication orders to ensure the medications/treatments were accurate and current.
	1/8/13	Resident #1 and 8's Physician (respectively) were notified of the medication/treatment errors.
	1/8/14	The ED faxed to the Department Reportable Incident forms for Resident #1, and Resident #8's medication administration errors. Reportable Event form was faxed over for Resident #2's medication error on 12/4/13.
	12/13/13, 12/16/13, 12/17/13	Physician Order Sheet to MAR and MAR to Medication Cart audits were conducted by the HCC for all Residents to ensure all Resident medications were available as per physician orders.
	12/26/13	An In-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications will complete an audit of their cart before the end or at the conclusion of their shift to ensure all medications and treatments have been administered. Once completed the audit sheets will be given to the Health Care Coordinator or Wellness Nurse for review.
	1/6/14 and On-going	In the event that a medication is not available, a request for immediate delivery from the preferred pharmacy will be initiated.

Uphell 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 - On 12/2/13 and 12/3/13, errors in resident # 2's medication administration occurred involving Atenolol 50mg not being administered because it was not available in the home. The error was not reported to the prescriber until 12/3/13.
 - On 9/10/13 and 9/12/13, resident # 8 did not receive wound care as prescribed at 9pm because the resident was asleep. On 9/23/13, 9/28/13, 9/29/13 staff did not initial the medication administration record for wound care at 9pm, with no reason listed. There is no record of the prescriber being notified. Resident # 8 has an order for daily Accuchecks at 6am. On 10/20/13, there are no staff initials on the medication record and no documentation that the prescriber was notified.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by [Handwritten Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
188 (b)	12/3/13	The HCC and the ED completed a Reportable Incident form for Resident #2's medication error. The Physician, family and Resident were notified of the medication error.
	1/8/14	The HCC and the ED completed a Reportable Incident form for Resident #8's medication/treatment error. The Physician, family and Resident were notified of the medication/treatment errors.
	12/26/13	An in-Service was held on 12/26/13 for MCMs and LPNs by the Regional Director of Resident Care and the Senior Health Care Coordinator. The topics reviewed were Medication Program, MAR to Cart guidelines, the 5 Rights of Medication Administration and Incident Reporting.
	1/3/14, 1/6/14	In-services were held on 1/3/14 and 1/6/14 for MCMs, LPNs and RNs by Senior Health Care Coordinator. The topics reviewed were: the Medication Administration Program; Medication Refusal Procedure and Physician Communication Form; PA DPW OMR "Administering Medications the Right Way", Auditing Checklist for Each Shift; Medication Storage and Disposal/Destruction.
	1/6/14 and On-going	The MCMs, RNs or LPNs who administer medications will complete an audit of their cart before the end or at the conclusion of their shift to ensure medications were available and administered at the required times. Once completed the audit sheets will be given to the Health Care Coordinator or Wellness Nurse for review, who will notify the Physician, resident and designated person of the medication error.
	1/8/14 and On-going	The HCC will submit and reportable incident to the Department on all medication errors. All incidents reported are reviewed during stand-up meeting with the ED and Coordinators to ensure appropriate reporting.

LSPKell 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
There is no documentation that resident # 3 and resident # 4 have been educated to the right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan EPC* Date *1/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14 (Date)

The above plan of correction was approved by *SW* (Initials)

Plan of correction implementation status as of 1/15/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
191	12/6/14	Resident #4 was discharged prior to signing a new contract.
	1/9/14	A new contract, including a Statement of Resident Rights, was reviewed and signed by Resident #3 with the ED.
	12/6/13 and On-going	All new Residents have contracts signed the by the ED or a designee, the Resident and the payer, and co-signed by Resident's designated person if any and if the Resident agrees. The contract includes a Statement of Resident Rights.
	1/10/14	The ED completed an audit of all current Resident files to ensure Residents have signed their contracts.
	1/23/14	At Resident Council, ED will review Residents' Rights and complaint procedures. ED or designee will meet personally with those Residents not present at the Resident Council meeting to have them sign the Resident Rights and Complaint Procedure Acknowledgment Form in January of every year.
		L. P. K... 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 8, admitted to the home on 5/13/13, did not have an initial assessment completed until 6/15/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria S. Phelan Exec Dir</i>	Date <i>1/9/14</i>
--	--------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa.Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
225a	1/9/14	The ED met with the HCC and Care Coordinators to re-enforce the time frames for completion of the Assessment portion of the Resident Assessment – Support Plan (RASP).
	1/9/14 and On-going	The HCC and Personal Care Coordinator (PCC) complete and assessment of the resident upon move-in.
	1/9/14 and On-going	The Care Coordinators bring the completed Assessment to the Stand-up Meeting and review the assessment with the ED to ensure completeness and accuracy.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
		USPHELLOW 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12B41 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The following updates were not added to resident # 8's RASP dated 6/15/13. On 6/26/13, the resident required total assistance with personal hygiene and sponge baths due to a medical procedure. The resident was receiving wound care from Bayada and the home's staff. The home's staff were to perform skin checks, monitor for any health or status changes, and complete a voiding diary. On 7/12/13, resident # 8 received discharge instructions from Bayada stating the need for two-person transfers, needing encouragement to change positions, and needing hourly bathroom checks. On 8/14/13, the resident received an order for dietary changes. On 9/4/13, the resident returned to the home from skilled care with new wound care and positioning instructions that were not updated on the RASP.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *11/9/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/15/14</u> (Date)	Plan of correction implementation status as of <u>11/15/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
225 (c)	1/9/14	The HCC and PCC updated Resident #8's RASP to reflect all current care needs.
	1/10/14 and 13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
	2/1/14	The HCC and Care Coordinators reviewed each resident wellness (medical) file and RASP all resident care needs are captured on the RASP accurately.
	2/1/14 and On-going	The HCC, the Care Coordinators meet bi-monthly to review Resident's needs and complete and update the Resident's RASP together.
	2/1/14 and On-going	The Care Coordinators meet with Care Managers to review updates and changes to the RASP and resident care needs.

L. P. Kellum 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

- Resident # 1's RASP dated 8/26/13 did not contain the names and telephone numbers of Formal and Informal Supports in Part I. In Part II, the date of the last Assessment and Support Plan were not filled in, and the reason for the Assessment and Support Plan were not checked. Part II of the RASP, the Summary and Determination was blank.

- Resident # 8's RASP dated 6/15/13 did not include documentation that the resident was receiving physical therapy in July 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria S. Phelan Exec Dir</i>	Date <i>1/9/14</i>
--	--------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by *SN*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
227 (d)	1/9/14	The HCC and the PCC updated Resident #1 and Resident # 8's RASP to make the identified corrections and ensure all current care needs are reflected appropriately.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
	2/1/14	The HCC and Care Coordinators reviewed each resident wellness (medical) file and RASP all resident care needs are captured on the RASP accurately.
	2/1/14 and On-going	The HCC, the Care Coordinators meet bi-monthly to review Resident's needs and complete and update the Resident's RASP together.
	2/1/14 and On-going	The Care Coordinators meet with Care Managers to review updates and changes to the RASP and resident care needs.
		<p style="text-align: right;">USPhele 1/9/14</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

- Resident # 1's RASP dated 6/16/13, states that the resident's family member participated in the process, requested a copy, and was provided a copy, but there is no signature of the family member. Resident # 1's RASP dated 8/26/13 does not have a signature of the assessor, the resident, or any of the participants.

- Resident # 8's RASP dated 6/15/13 was not signed by two of the participants.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria S Phelan</i>	<i>Exec Dir</i>	Date <i>1/9/14</i>
--	-----------------	--------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
---	---

The above plan of correction was approved by <u><i>VP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
227 (g)	1/9/14	The HCC and PCC updated Resident #1 and 8's RASP. The RASP was reviewed with the Resident and the designated persons, respectively, and signatures were obtained.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be In-serviced on RASP requirements.
	2/1/14 and On-going	The Care Coordinators will audit all Resident records and update RASPs to include an accurate description of needs and services and will obtain signatures from individuals who participate in development of the Resident's support plan.
	2/1/14 and On-going	The HCC, the Care Coordinators meet bi-monthly to review the RASP and ensure they have been signed by anyone you participated in the development of the RASP.

WPK 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 did not sign their RASP dated 8/26/13. The home did not make a notation regarding the resident's inability or refusal to sign or participate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. Phelan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Victoria S. Phelan Exec Dir* Date *1/9/14*


DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by *SP*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
227 (h)	1/9/14	The HCC and PCC updated Resident #1's RASP. The RASP was reviewed with the Resident and the designated persons, respectively, and signatures were obtained.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
	2/1/14 and On-going	The Care Coordinators will audit all Resident records and update RASPs to include an accurate description of needs and services and will obtain signatures from individuals who participate in development of the Resident's support plan.
	2/1/14 and On-going	The HCC, the Care Coordinators meet bi-monthly to review the RASP and ensure they have been signed by anyone you participated in the development of the RASP.
		 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 was transferred to the SDCU on 9/29/13. The resident's Initial support plan was completed on 10/24/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED


Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria S Phelan Exec Dir</i>	Date <i>1/9/14</i>
---	--------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>1/15/14</i></u> (Date)	Plan of correction implementation status as of <u><i>1/15/14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 56 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
234 (a)	1/8/13	The HCC and the PCC completed a new RASP for resident #3.
	1/9/14	The ED met with the HCC and Care Coordinators to re-enforce the time frames for completion of the Assessment portion of the Resident Assessment – Support Plan (RASP).
	1/9/14 and On-going	The HCC and PCC complete and assessment of the resident upon move-in.
	1/9/14 and On-going	The Care Coordinators bring the completed Assessment to the Stand-up Meeting and review the assessment with the ED to ensure completeness and accuracy.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
		 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 3's RASP was completed on 10/24/13. The resident did not sign the RASP and it was not indicated that the resident refused, declined, or was unable to participate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Victoria S. Phelan ^{Exec} _{Dir}

Date 1/9/14


DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/15/14
 (Date)

Plan of correction implementation status as of 1/15/14
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
234(e)	1/8/14	The HCC and PCC updated Resident #3's RASP.
	1/10/14	The RASP was reviewed with the Resident and the designated persons and signatures were obtained.
	1/10/14 and 1/13/14	Town Hall Meetings will be held by the ED and all staff will be in-serviced on RASP requirements.
	2/1/14 and On-going	The Care Coordinators will audit all Resident records and update RASPs to include an accurate description of needs and services and will obtain signatures from individuals who participate in development of the Resident's support plan.
	2/1/14 and On-going	The HCC, the Care Coordinators meet bi-monthly to review the RASP and ensure they have been signed by anyone you participated in the development of the RASP.
		 1/9/14

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Violation Report: 12841 - 12/02/2013 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 - The home does not have copies of most of the resident incident reports that were filed under the previous administration. Incident reports area required to be kept as part of the residents' files.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED


Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Victoria S. Phelan <i>Exec Dir</i>	Date 1/9/14
--	-------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
252	10/7/13	The ED and Coordinators review reportable incidents at the daily Stand-up meeting.
	10/7/13	The original Incident Reports are kept in a binder in the ED's office.
	12/2/13	The ED met with the Coordinators and reviewed the requirement of placing a copy of the reportable incidents in resident wellness files.
	12/2/13 and On-going	The ED was hired on 10/7/13. All incident reports identified since 10/7/13 have been placed in the respective resident records.
	12/2/13 and On-going	After Incident Reports are discussed and signed at stand up, a copy will be made to be kept in the Resident's file.
 1/9/14		

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.