



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Mr. Michael J. Stein, Authorized Person  
HCRI Sun III Tenant LP  
Attn: Alma Tomlin  
7902 Westpark Drive  
McLean, Virginia 22102

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

Dear Mr. Stein:

As a result of the Department of Human Services' licensing inspection on December 3, 2014 and January 3, 2015 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.

Your regular license for the period March 6, 2015 to March 6, 2016 was issued on November 13, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director <sup>1/31</sup>

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

POH Name: SUNRISE SENIOR LIVING OF DRESHER		License Number: 12841
Address: 1650 SUSQUEHANNA ROAD, DRESHER, PA 19026		County: Montgomery
Administrator: Kerri Zvolak		Region: SOUTHEAST
Legal Entity Name: HCRI SUN II TENANT LP		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy JIB 04/26/2006 Township of Upper Dublin		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 120	Working Staff: 90
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/03/2014: Kealty, Jennifer; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 105 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 18 Number of Hospice Residents in past year: 18	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 46 Have a Physical Disability: 0	

Violation Report: 12841 - 12/03/2014 - Keelly, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 55 Pa. Code §2600  
2600.16(o) - 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 12/22/2014, Resident # 1 did not receive their Trazadone HCL at 9 p.m. because the medication was not available in the home. The home did not submit an incident report to the Department.

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.

\* please see attached.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/02/2013

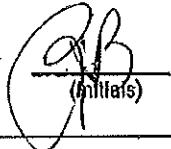
Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Keryn Zwolak, Executive Director      Date 1/30/15

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The above plan of correction is approved as of 2/2/15  
(Date)

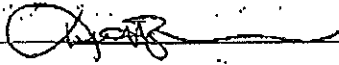
Plan of correction implementation status as of 2/2/15  
(Date)

The above plan of correction was approved by   
(Initials)

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

### Sunrise Senior Living 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 3, 2014  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Kerri H. Zwolak, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 1/31/15

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
16(c)	12/4/14	The Executive Director (ED) submitted the reportable incident involving Resident #1 to the Department of Public Welfare (DPW) on 12/4/14.
	12/10/14	Training was conducted by the ED during Town Hall with team members regarding incidents that are required to be reported to the DPW within twenty four hours. The training focused on the definition of a medication error. Medication care managers informed during training of procedure to call a member of Wellness Department or the ED if medication can not be located in the community.
	1/28/15 and On-going	The medications care managers will complete an audit tool at the end of the shift which will document the administration of each medication has been documented, as well as documentation of any medications that have not been given and the reason.

*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 - 12/03/2014 - Keely, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600  
2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION  
Latex paint, with a manufacturer's label indicating "If swallowed call poison control," was stored on the same shelf as the emergency drinking water.

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.

\* please see attached.

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

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(Date)

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(Date)

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

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

Regulation 65 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
82(b)	<p>12/4/14</p> <p>12/4/14 and On-going</p> <p>12/10/14</p>	<p>The Maintenance Coordinator (MC) removed the emergency water supply from the area and relocated it to another storage area located within the kitchen.</p> <p>The MC or designee and the Dining Services Coordinator will conduct weekly checks during walk through of community to ensure poisonous materials are not located in areas containing food, food preparation surfaces, and dining surfaces.</p> <p>The ED conducted training with team members including housekeeping and maintenance staff that poisonous materials could not be stored in same area as emergency water supply.</p>

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Violation Report: 12841 - 12/03/2014 - Kestly, Jennifer 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 12/3/2014, the wooden gate surrounding the home's trash dumpster was open. Trash, including gloves and cups, littered the ground around the dumpster. A large grey trash can was uncovered and overflowing with trash.			
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.			
* please see attached.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/02/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Kern Zwolak Executive Director			1/30/15
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The above plan of correction is approved as of		Plan of correction implementation status as of	
1/28/15 (Date)		2/2/15 (Date)	
The above plan of correction was approved by		<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	
(Initials)			

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
85(e)	12/3/14  12/4/14 and On-going	<p>The Maintenance Coordinator immediately picked up the items of trash that were outside of the dumpster and secured the wooden gate.</p> <p>The housekeeping team and/or designees to check and ensure the gate is secured during routine trash disposals at the beginning and end of their shifts and as needed throughout the day.</p>

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Violation Report: 12841 - 12/03/2014 - Keelly, Jennifer  
FCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600  
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
The medical evaluation for Resident #2, dated 0/0/2014, does not include information about body positioning and movement.

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.

\* please see attached.

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


Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Kevin Zurak, Executive Director      Date 1/30/15

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(Date)

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(Date)

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(Initials)

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Regulation 65 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
141(a)(2)	12/4/14  12/4/14 and On-going  12/10/14	<p>The Sr. Health Care Coordinator (Sr. HCC) contacted resident's doctor and discussed body positioning; the DME and RASP for Resident #2 were updated.</p> <p>The Sr. HCC and the ED review all DMEs upon completion to ensure all items have been addressed by the physician.</p> <p>The Sr. HCC and the ED conducted an audit of all resident DMEs to ensure all areas of the DME had been addressed by the physician.</p>

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Violation Report: 12841 - 12/03/2014 - Keely, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 56 Pa.Code §2600  
2600.144(c)(1).- Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
On 12/3/2014, the home's designated smoking area located on the front porch had six chair pads that were not fire-resistant.

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.

\* please see attached

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Kern Zuzak, Executive Director      Date 1/30/15

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

Plan of correction implementation status as of 1/27/15 (Date)

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
144(c)(1)	12/4/14	The Maintenance Coordinator removed cushions on the chairs in the designated smoking area.
	12/4/14 and On-going	The Maintenance Coordinator or a designee conducts daily checks to ensure the cushions are not located on seating in designated smoking areas.
	12/10/14	The ED reviewed the smoking policy at Town Hall for residents and team members and discussed need to have non flammable furniture present in designated smoking areas.

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Violation Report: 12841 - 12/03/2014 - Keelly, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 56 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

Resident # 2 had a prescription for Hydrocortisone cream for fourteen days, ending on 11/9/2014. On 12/3/2014, the medication was still in the home's "blue" medication cart on the second floor.

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.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/22/2014	12/02/2013
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Kerni Zusak, Executive Director

Date 1/31/15

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(Date)

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(Initials)

Plan of correction implementation status as of 1/21/15  
(Date)

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
183(d)	12/3/14  12/12/14  1/28/15 and On-going	<p>The Sr. HCC immediately removed the medication for Resident #2 from the medication cart.</p> <p>The Sr. HCC audited all medication carts were audited to ensure all discontinued medications had been removed from the cart.</p> <p>The Sr. HCC conducted training with medication care managers who will complete routine weekly cart audits to ensure the any discontinued medications on the medication administration records (MAR) have been removed from the carts. The Sr. HCC will conduct monthly medication cart audits to ensure discontinued medications are not located in the cart, and this will be further audited on a quarterly basis by a pharmacy representative.</p>

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Violation Report: 12841 - 12/03/2014 - Keally, Jennifer  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2000  
 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 12/3/2014, Resident # 2's Tramadol and Ipratropium/Albuterol Inhalation Solution were not present in the home.

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.

\* please see attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/22/2014	12/02/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kern Zurdak, Executive Director

Date 1/30/15

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Violation Report: 12841 - 12/03/2014 - Keally, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 55 Pa. Code §2800  
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION  
The medication administration record for Resident # 2 does not include Acetaminophen 500 mg.

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.*

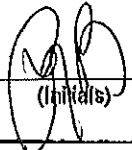
\* please see attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Zwolack, Executive Director	Date 1/30/15
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The above plan of correction was approved by  (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
187(a)	12/4/14	The Sr. HCC notified the doctor for Resident #2 that the order for Tylenol was not on the resident's medication administration record. The medication was discontinued.
	12/31/14 and On-going	The Sr. HCC and Wellness Nurses conduct peer checks of completed monthly MAR to physician order review to ensure all physician orders and any medication changes are transcribed to the MARs at the beginning of the month.
	1/28/15 and On-going	The Sr. HCC conducted training with medication care managers who will complete routine weekly cart audits to ensure that all medications on the medication administration records (MAR) were located in the medication carts, and all medications in the medications cart are listed on the MAR. The Sr. HCC will conduct monthly medication cart audits to ensure all medications are located in the medication carts and all medications in the medications cart are listed on the MAR. This will be further audited on a quarterly basis by a pharmacy representative.

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Violation Report: 12841 - 12/03/2014 - Keely, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER.

1. REGULATION 86 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 10/24/2014, Resident # 2 was prescribed Hydrocortisone cream to be administered for 14 days. The home administered the medication for only 12 days.


Resident # 2 has an order for Acetaminophen 500 mg, twice daily. Resident # 2 has not received that medication since 10/31/2014 at 9 p.m.

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.

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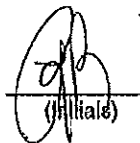
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Zaslak, Executive Director      Date 1/30/15

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The above plan of correction is approved as of 2/2/15 (Date)

Plan of correction implementation status as of 2/2/15 (Date)

The above plan of correction was approved by  (Initials)

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

Regulation 56 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(d)	<p>12/4/14</p> <p>12/31/14 and On-going</p> <p>1/28/15 and On-going</p>	<p>The ED submitted a reportable incident involving Resident #2 to the Department of Public Welfare on 12/4/14.</p> <p>The Sr. HCC and Wellness Nurses conduct peer checks of completed monthly MAR to physician order review to ensure all physician orders and any medication changes are transcribed to the MARs at the beginning of the month.</p> <p>The Sr. HCC conducted training with medication care managers who will complete routine weekly cart audits to ensure that all medications on the medication administration records (MAR) were located in the medication carts, and all medications in the medications cart are listed on the MAR. The Sr. HCC will conduct monthly medication cart audits to ensure all medications are located in the medication carts and all medications in the medications cart are listed on the MAR. This will be further audited on a quarterly basis by a pharmacy representative.</p>

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Violation Report: 12041 - 12/09/2014 - Keelly, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2800  
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 # 3's support plan, dated 10/13/2014, is not signed by the resident or the resident's designated person.

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.

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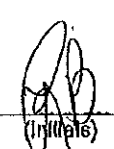
Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Kevin Zwick Executive Director      Date 1/30/15

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(Date)

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(Date)

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(Initials)

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
227(g)	12/4/14	The ED conducted training with the Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) regarding the regulation which states a resident and/or responsible party who participate in the development of a Resident Assessment and Support Plan (RASP) should sign and date the RASP.
	12/5/14	The PCC and the RC completed an audit to ensure the resident and/or responsible party signature was in place when they had participated in the development of the RASP.
	12/19/14	The PCC met with the Resident #3's responsible person and obtained signature on the resident's RASP.
	1/14/15 and On-going	The ED or designee reviews any newly completed RASPs weekly with the PCC and the RC during the weekly care meetings to ensure a signature is present for the resident and responsible party who participated in the development of the RASP.

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Violation Report: 12841 - 12/03/2014 - Keally, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 65 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

The home reports that Resident # 4 was not able to participate in the development of their support plan on 7/25/2014. The home did not make a notation regarding the resident's inability to sign.

The home reports that Resident # 5 was not able to participate in the development of their support plan, dated 6/1/2014. The home did not make a notation regarding the resident's inability to sign.

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.

\* please see attached

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/02/2013

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
Kern Zislock, Executive Director      1/30/15

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

The above plan of correction is approved as of 2/2/15 (Date)

Plan of correction implementation status as of 2/7/15 (Date)

The above plan of correction was approved by (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)	12/4/14	The RC noted on the RASPs for Resident #4 and Resident #5 that they were unable to sign.
	12/4/14	The ED conducted training with the PCC and the RC regarding the regulation which states a notation was needed in the event a resident could not participate or sign the RASP.
	12/5/14	The PCC and the RC completed an audit to ensure there was a notation on the residents' RASP in the event the resident was not able to participate or sign.
	1/14/15 and On-going	The ED or designee reviews any newly completed RASPs weekly with the PCC and RC during the weekly care meetings to ensure a notation has been made in the event the resident is unable to sign.

*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 - 12/03/2014 - Keelly, Jennifer  
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 68 Pa.Code §2600  
2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION  
The door opening into the roof access area on the secured dementia care unit was not locked.

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.

\* please see attached

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date  
Kevin Zusk; Executive Director      1/31/15

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

The above plan of correction is approved as of 1/23/15  
(Date)

Plan of correction implementation status as of 2/3/15  
(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
233(d)	12/3/14  12/3/14 and On-going  12/19/14	The door providing roof access was immediately secured.  The RC or designee check the door daily to ensure the door remains secured at all times.  The Maintenance Coordinator ordered a key pad lock on 12/4/14 which will ensure the door can only be opened by individuals with the four digit code. The key pad lock which locks the door automatically was installed on 12/19/14.

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