



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DEC 16 2014**

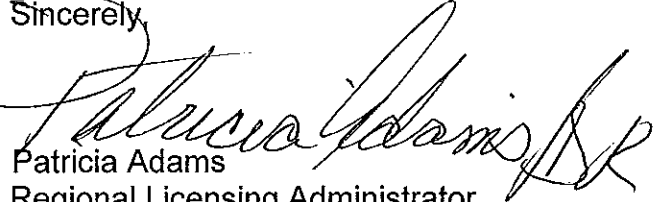
Ms. Susan L. Timoner, Authorized Person  
HCRI SUN Tenant, LP  
7902 Westpark Drive  
McLean, Virginia 22102

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

Dear Ms. Timoner:

As a result of the Department of Public Welfare's licensing inspection on September 12, 2014 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.

Sincerely,  
  
Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

|   |   |                       |
|---|---|-----------------------|
| PCH Name: SUNRISE SENIOR LIVING OF DRESHER  |   | License Number: 12841 |
| Address: 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025   |   | County: Bucks         |
| Administrator: Joseph Horwitz   |   | Region: SOUTHEAST     |
| Legal Entity Name: HCRI SUN III TENANT LP   |   |                       |
| Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102                                     |   |                       |
| Certificate(s) of Occupancy   |   |                       |
| Staffing Hours  |   |                       |
| Resident Support: 0   | Total Daily Staff: 118                  | Waking Staff: 89      |
| Type of Inspection: Partial   | BHA Docket Number:                      | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Incident   |   |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>09/12/2014: Kazimer, Lauren |   |                       |
| 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 who:                |                       |
| Number of Residents Served: 76  | Receive Supplemental Security Income: 0 |                       |
| Secured Dementia Care Unit in Home: Yes   | Are 60 Years of Age or Older: 74        |                       |
| Area: Reminiscence  | Have Mental Illness: 1                  |                       |
| Secured Dementia Unit Capacity, if Applicable: 30   | Have an Intellectual Disability: 1      |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: 23                     | Have a Mobility Need: 42                |                       |
| Number of Current Hospice Residents: 15   | Have a Physical Disability: 0           |                       |
| Number of Hospice Residents in past year: 34  |   |                       |

Violation Report: 12841 - 09/12/2014 - Kazlmer, Lauren  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

**1. REGULATION 65 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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

**2a. DESCRIPTION OF VIOLATION**

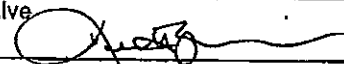
The annual training provided to direct care staff person A in training year 2013 did not include training on care for residents with mental illness served in the home.

**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.*


|                        |   |
|------------------------|---|
| 11/06/2014             | The Personal Care Coordinator (PCC) has completed training for direct care staff person A on Care for Residents with Mental illness served in the home (Training and Training Sign In sheet is attached).                               |
| 11/05/2014             | The Executive Director (ED) and the HCC scheduled two training modules per month (excluding dementia related trainings) for direct care staff members to receive the required hours on the required material listed in this regulation. |
| 11/07/2014 and Ongoing | The BOC completes an audit every quarter to assure staff is receiving training on the required annual training topics.  |
| 11/07/2014 and Ongoing | During the monthly Quality Management (Quality Assurance Performance Improvement/QAPI) meetings, the outcome of the training audit is reviewed and any action taken is reported.  |
| 11/7/2014 and Ongoing  | The ED manages the monthly QAPI meetings where the periodic review of Licensing violations and plans of correction are addressed.   |

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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) Kerni H. Zwolak Date 11/7/14

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>11/25/14</u><br>(Date)   | Plan of correction implementation status as of <u>11/25/14</u><br>(Date)  |
| The above plan of correction was approved by <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |