



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 17 2015

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

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

Dear Mr. Stein:

As a result of the Department of Public Welfare's licensing inspection on February 19, 2015, February 20, 2015, February 23, 2015, February 27, 2015, March 13, 2015, April 3, 2015 and May 1, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over the word '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: Montgomery
Administrator: Kerri Zwolak		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: 112	Waking Staff: 84
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/19/2015: Keppel, Autumn; Colon, Lissette 02/20/2015: Keppel, Autumn; Colon, Lissette		
Off-Site Inspection Dates and Inspectors, If Applicable 02/23/2015: Keppel, Autumn 02/27/2015: Keppel, Autumn 03/13/2015: Keppel, Autumn 04/03/2015: Keppel, Autumn 05/01/2015: Keppel, Autumn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 105	Number of Residents Served: 76	Number of Residents who:
Secured Dementia Care Unit In Home: Yes	Area: Reminiscence	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, If Applicable: 30	Number of Residents Served in Secured Dementia Care Unit, if applicable: 24	Are 60 Years of Age or Older: 75
Number of Current Hospice Residents: 14	Number of Hospice Residents in past year: 35	Have Mental Illness: 1
		Have an Intellectual Disability: 0
		Have a Mobility Need: 36
		Have a Physical Disability: 1

Violation Report: 12841 - 02/19/2015 - Keppel, Autumn
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

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 4/1/15, Resident #1 fell and was sent to the hospital. The resident experienced pain, and was unable to weight bear on their left leg. 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.

6/10/2015	The Health Care Coordinator (HCC) sent the incident report to Department of Human Services.
6/9/2015	The HCC provided and in-service to the staff on what is reportable to the Department. In addition the discussion and explanation section of the RCG was reviewed.
6/10/2015 and Ongoing	The Executive Director (ED) and Coordinators review all incidents during the morning stand-up meeting to determine if any incidents should be reported.

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)

GREGORY S. GRAMM E.D.

Date 6/10/15

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The above plan of correction is approved as of 6/15/15 (Date)

Plan of correction implementation status as of 6/15/15 (Date)

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

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

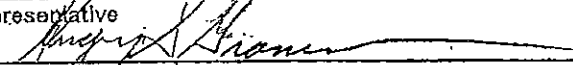
Violation Report: 12841 - 02/19/2015 - Keppet, Autumn
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

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
 The home's medication policy states that the Licensed Nurse/Medication Care Manager must compare the medication label, medication administration record, and resident's name. On 5/1/14, Resident #1's physician made a verbal order to the pharmacy for Glipizide 10mg one tablet by mouth twice a day. The blister packs containing this medication were labeled with these instructions and were sent to the home. The home's medication administration record for Resident #1's Glipizide 10 mg for May through September lists Glipizide 10 mg one tablet by mouth daily.


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)		
Include steps to immediately, in	9/29/14	On September 29, 2014, an order was written in the POS to discontinue the Glipizide 10 mg. daily and begin the Glipizide 10mg 2 tablets per day. is completed
	6/9/2015	The HCC notified resident #1, their responsible party and the Physician of the discrepancy in the order provided to the community and the verbal order provided to the pharmacy. The order was re-confirmed with the physician and is currently accurate and documented correctly on the MAR and on the medication label.
	6/9/2015	The HCC reviewed the Medication Management policy and Pharmacy Use policy with staff that administer medications. This review included discussion ensuring that if the medication label does not match the Medication Administration Record (MAR), the Medication Care Manager (MCM) must confirm the order with a physician's written order.
	6/9/2015 And-ongoing	Medication Administration Cart audits will be completed to compare the medication label to the order written on the MAR. These audits will be completed by the MCM, Nurses, or HCC. If a discrepancy is identified all orders will be confirmed via the physician and physician written orders.
	6/9/2015	When pharmacy labels do not match, the MCM will check the current order in the chart and immediately notify the physician and pharmacy of the discrepancy. If a new medication label cannot be distributed immediately, place a change of direction sticker on the bubble back, indication to "refer to mar".
	6/9/2015	The medication carts are audited weekly and the results of the audit are reviewed by the HCC in order to ensure correction of any identified discrepancies.

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) Gregory S. Graham E.D. Date 6/10/15

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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

Violation Report: 12841 - 02/19/2015 - Keppel, Autumn
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

On 5/1/14, Resident #1's physician called the pharmacy for Glipizide 10 mg one tablet by mouth twice daily. The Glipizide pharmacy label matched the prescription called in by the physician. The home did not update the resident's medication administration record to reflect the change, or call to determine if there was a discrepancy between the order on file and the label on the medication.

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

<i>Include steps to be completed immediately, include</i>	9/29/14	On September 29, 2014, an order was written in the POS to discontinue the Glipizide 10 mg. daily and begin the Glipizide 10mg 2 tablets per day.	completed
	6/9/2015	The HCC notified resident #1, their responsible party and the Physician of the discrepancy in the order provided to the community and the verbal order provided to the pharmacy. The order was re-confirmed with the physician and is currently accurate and documented correctly on the MAR and on the medication label.	
	6/9/2015	The HCC reviewed the Medication Management policy and Pharmacy Use policy with staff that administer medications. This review included discussion ensuring that if the medication label does not match the Medication Administration Record (MAR), the Medication Care Manager (MCM) must confirm the order with a physician's written order.	
	6/9/2015 And ongoing	Medication Administration Cart audits will be completed to compare the medication label to the order written on the MAR. These audits will be completed by the MCM, Nurses, or HCC. If a discrepancy is identified all orders will be confirmed via the physician and physician written orders.	
	6/9/2015	When pharmacy labels do not match, the MCM will check the current order in the chart and immediately notify the physician and pharmacy of the discrepancy. If a new medication label cannot be distributed immediately, place a change of direction sticker on the bubble back, indication to "refer to mar".	
	6/9/2015	The medication carts are audited weekly and the results of the audit are reviewed by the HCC in order to ensure correction of any identified discrepancies.	

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) GREGORY S. GRAMUS - E.D. Date 6/10/15

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Violation Report: 12841 - 02/19/2015 - Keppel, Autumn
 PGH 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

Resident #1's physician prescribed Glipizide 10 mg, one tablet by mouth twice daily. The home administered Glipizide 10 mg, one tablet daily May 2014 through September 2014.

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.

9/29/14	On September 29, 2014, an order was written in the POS to discontinue the Glipizide 10 mg. daily and begin the Glipizide 10mg 2 tablets per day.
6/9/2015	The HCC notified resident #1, their responsible party and the Physician of the discrepancy in the order provided to the community and the verbal order provided to the pharmacy. The order was re-confirmed with the physician and is currently accurate and documented correctly on the MAR and on the medication label.
6/9/2015	The HCC reviewed the Medication Management policy and Pharmacy Use policy with staff that administer medications. This review included discussion ensuring that if the medication label does not match the Medication Administration Record (MAR), the Medication Care Manager (MCM) must confirm the order with a physician's written order.
6/9/2015 And-ongoing	Medication Administration Cart audits will be completed to compare the medication label to the order written on the MAR. These audits will be completed by the MCM, Nurses, or HCC. If a discrepancy is identified all orders will be confirmed via the physician and physician written orders.
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