



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

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

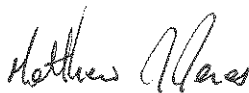
RE: Sunrise Senior Living of Dresher
1650 Susquehanna Road
Dresher, Pennsylvania 19025
License #: 128410

Dear Mr. Stein:

As a result of the Department of Human Services' annual licensing inspections on December 7, 2015 and December 8, 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,


Matthew J. Jones
Director ⁶⁴

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: SUNRISE SENIOR LIVING OF DRESHER		License Number: 12041
Address: 1880 SUSQUEHANNA ROAD, DRESHER, PA 19028		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 I-1 04/25/2008 Township of Upper Dublin		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 105	Working Staff: 79
Type of Inspection: Full	BHA Docket Number:	Holtee: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2016: McHale, Christine; Mollvain, Shawn 12/08/2016: McHale, Christine; Mollvain, Shawn		
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: 61 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: 24 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 24 Have a Physical Disability: 0	

Violation Report: 12841 - 12/07/2016 - McHale, Christine
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 56 Pa.Code §2600
 2600.86(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The second floor activity room has a wooden strip dividing the room that is raised a centimeter. This poses a tripping hazard for the residents.

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) 

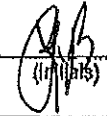
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kern Zwikke, Executive Director

Date: 12/30/15

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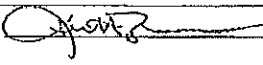
The above plan of correction is approved as of 1/21/16
 (Date)

Plan of correction implementation status as of 1/11/16
 (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: #128410
 Inspection date(s): December 7-8, 2015
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Kerri H. Zwolak, Executive Director
 Signature of Sunrise Representative: 
 Date of Submission: 12/30/15

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
88(a)	12/8/15	The Maintenance Coordinator (MC) addressed the issue of the raised wooden strip by placing a caution sign in the activities room where the transition strip was located.
	12/9/15	The MC contacted a contractor and placed an order for a new transition strip.
	12/23/15	The transition strip was delivered to the facility. The MC replaced the transition strip in the activities room, and it is no longer raised.
	12/8/15 and ongoing	The MC and/or his designee will conduct a daily walk through to identify any safety concerns in the building.

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 - 12/07/2015 - McHale, Christina
 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

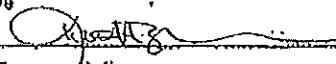
- On 12/8/15, resident #1's Advair Diskus that had been opened on 11/8/15 was still present in the medication cart. Per the manufacturer's recommendation this medication should be discarded after one month.
- On 12/8/15, resident #2's ProAir inhaler, that had been discontinued on 11/24/15, was still present in the 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.

* please see attached.

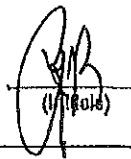
Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/03/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Zusk, Executive Director	Date: 12/30/15
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The above plan of correction is approved as of <u>1/11/16</u> (Date)	Plan of correction implementation status as of <u>1/11/16</u> (Date)
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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 66 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
183(d)	12/8/15	The Resident Care Director (RCD) immediately removed the medication for Resident #1 and Resident #2 from the medication carts.
	12/9/15	The RCD and Wellness Nurse (WN) audited all medication carts to ensure all expired and discontinued medications had been removed from the medications carts.
	12/29/15	The RCD and WN conducted training with medication care managers who complete routine weekly cart audits to ensure the any expired and discontinued medications on the medication administration records (MAR) have been removed from the carts.
	1/31/16 and ongoing	The WN conducts monthly medication cart audits to ensure expired and discontinued medications are not located in the cart.
	1/14/16 and ongoing	The medication cart audit results will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings to ensure compliance with the completion of medication cart audits and to provide ongoing evaluation of plan of correction.

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Violation Report: 12041 - 12/07/2015 - McHale, Christine
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.184(e) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 Sample package of Advair Diskus belonging to resident #3 were located in the medication cart. The labels for this samples did not include the date that the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

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
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kern Zudack, Executive Director	12/30/15

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
184(c)	12/8/15	The WN immediately applied a label to the sample medication for Resident #3 that included the date the prescription was issued, prescribed dosage and instructions for administration and name and title of prescriber.
	12/8/15	All medication carts were audited by the RCD and WN for any other sample medications that lacked a complete label. No other sample medications were located in the medication carts.
	12/29/15	The RCD and WN provided training to the medication care managers regarding sample medications and the need to have a label that includes; that included the date the prescription was issued, prescribed dosage and instructions for administration and name and title of prescriber, in accordance with 2600.184(a).
	12/29/15 and ongoing	The RCD has included identifying the presence of labels on any sample medications to the medication cart audit tool. The medication care manager's complete routine weekly cart audits as well as the WN conducts a monthly medication cart.
	1/14/16 and ongoing	The medication cart audit results will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings to ensure compliance with the completion of medication cart audits and to provide ongoing evaluation of plan of correction.

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Violation Report: 12841 - 12/07/2015 - McHale, Christina
 POH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 56 Pa.Code §2000
 2000.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Advair Diskus twice daily. The current medication pack was started on 11/8/15 and contains 80 doses. On 12/8/15, there were 22 doses of the medication left in the device. If the medication had been administered as prescribed, all of the doses in the current pack would have been used by 12/8/15.

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):	02/19/2015	12/03/2014
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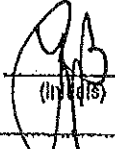
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Kevin Zuzak, Executive Director Date: 12/30/15

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(d)	12/8/15	The Advair Diskus for Resident #1 was disposed of by the WN and a new medication was ordered and delivered to the facility.
	12/8/15	The RCD and WN audited the other Advair Diskus' located in the facility to ensure the number of dosages in the device were consistent with administering the medication per the prescriber's instructions and what is documented on the MAR.
	12/29/15	The RCD and WN provided training to the medication care managers on how to administer the Advair Diskus medication by demonstrating and having medication care managers complete a return demonstration of the medication.

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Violation Report: 12841 - 12/07/2016 - McHale, Christine
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 66 Pa.Code §2000
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.85 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 - Direct care staff person A had only 5 hours and 15 minutes hours of training in dementia care during training year, January 2014 to December 2016.
 - Direct care staff person B had only 3 hours of training in dementia care during training year, January 2014 to December 2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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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) Kevin Zusak, Executive Director	Date: 12/30/15
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
236	2/17/15	Staff person B completed the annual training requirement by obtaining one and half hours of training related to dementia care and services for the 2014 annual training year.
	12/16/15	Staff person B completed the annual training requirement and received six hours of training related to dementia care and services for the 2015 annual training year.
	9/29/15	Staff person A completed the annual training requirement and received six hours of training related to dementia care and services for the 2015 annual training year.
	12/29/15	Staff person A completed the annual training requirement by obtaining three hours of training related to dementia care and services for the 2014 annual training year.
	12/9/15	The Reminiscence Coordinator and Business Office Coordinator (BOC) have a staff training plan for 2016 which includes scheduling an hour of training each month related to dementia care and services. The BOC will conduct audit each month to ensure staff are receiving required training during the year.
	1/15/16	The Executive Director (ED) has conducted an audit to identify any additional staff persons who did not complete the required training hours for training year 2014. The ED along with the Personal Care Coordinator and Reminiscence Coordinator to conduct trainings for all staff persons to ensure compliance with training requirements.
	1/14/16 and ongoing	Training progress will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings with to ensure that team members are receiving training as required.

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