



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

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 November 29, 2016 and November 30, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12841 - 11/29/2016 - Colon, Lissette
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 56 Pa.Code §2000
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 A bag of waffles and a half of ham was not labeled or dated in the refrigerator in the main kitchen.

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.

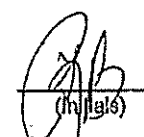
*please see attached.

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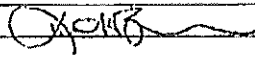
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Zudak	Date 12/31/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/12/17</u> (Date)	Plan of correction implementation status as of <u>1/12/17</u> (Date)
The above plan of correction was approved by  (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

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): November 29-30, 2016
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Kerri H. Zwolak, Executive Director
 Signature of Sunrise Representative: 
 Date of Submission: 12/31/16

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
103(e)	11/29/16	The cook disposed of the ham located in the kitchen refrigerator, and the Executive Director (ED) disposed of the waffles located in the refrigerator of the secured dementia care unit.
	11/29/16	The cook audited the refrigerators and freezers for any food items that were unsealed.
	12/1/16	The ED reviewed and reinforced the regulation at the monthly Town Hall Meetings to ensure staff is aware to label and date all leftover food in refrigerators.
	12/14/16	The Reminiscence Coordinator conducted training with all staff persons in the secured dementia unit regarding regulation 2600.103(e) to reinforce all leftover food needs to be labeled and dated.
	12/31/16	The Dining Service Coordinator (DSC) conducted training with dietary staff regarding regulation 2600.103(e) to reinforce with dietary staff that all leftover food needs to be labeled and dated.
	11/29/16 and ongoing	The DSC and/or designee conduct a daily walk through of kitchen to ensure all food is labeled and dated.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/29/2016 - Colon, Lisselle
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

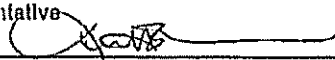
1. REGULATION 65 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The bag of shredded cheese in the main kitchen refrigerator was opened and unsealed.

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.

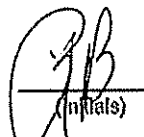
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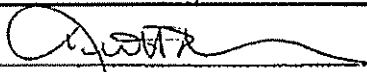
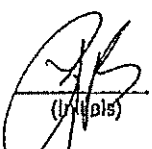
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Zurak	Date 12/31/16
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
103(g)	11/29/16	The cook disposed of the bag of shredded cheese that was found opened and unsealed.
	11/29/16	The cook audited the refrigerators and freezers for any food items that were unsealed.
	12/31/16	The DSC conducted training with dietary staff regarding regulation 2600.103(e) to reinforce with dietary staff that all food needs to be stored in a sealed container.
	12/1/16	The ED reviewed and reinforced the regulation at the monthly Town Hall Meetings to ensure staff is aware that food must be stored in a sealed container.
	11/29/16 and ongoing	The DSC and/or designee conduct a daily walk through of kitchen to ensure all food is stored in a sealed container.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/29/2016 - Colon, Lissolte 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 Resident # 1 glucometer is not calibrated in order to determine the glucose reading with the actual date and time.			
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):	02/19/2016	
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Keri Zwolak	Date 12/31/16
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
185(a)	12/6/16	The Resident Care Director (RCD) was able to set date and time for on the glucometer for the resident #1.
	12/21/16	The RCD audited all of the glucometers in the facility and attempted to calibrate all glucometers. New glucometers were ordered for any resident who had a glucometer which was not calibrated to the date and time.
	12/29/16	The RCD conducted training with medication care managers and nurses in the facility on requirement for glucometers to be calibrated to date and time.
	12/29/16	The RCD conducted training with medication care managers who complete routine weekly cart audits to ensure that glucometers were displaying the accurate date and time at the time of the audit.
	1/31/17 and ongoing	The Wellness Nurse will conduct monthly medication cart audits, and the RCD will also conduct quarterly medication cart audits to ensure the glucometers remain calibrated.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/28/2016 - Colon, Lisselle
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 88 Pa.Code §2000
 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 staff initials on MAR for following medications and dates.

Albuterol 2 mg tablets - 11-20-16 @ 2:00pm, 11-23-16 @ 8:00am, and 11-24-16 @ 8:00am.

Trazadone 25 mg - 11-23-16 @ 8:00am, 11-24-16 @ 8:00am, and 11-26-16 @ 8:00am

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 Zualak	Date 12/31/16
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(a)	11/30/16	The RCD conducted an analysis for the missing initials on Resident #2's medication administration record (eMAR) and whether the medication was actually administered. The RCD verified with the Medication Care Manager (MCM) the medication had been administered.
	12/29/16	The RCD conducted a training with MCMs and nurses on the requirement to document in the eMAR at the time of administration. The MCMs were also trained of the requirement to review the eMAR's at the end of their shift to ensure that they have administered all medications as required and documented administration. The eMAR system highlights any medications that have not been documented as administered.
	12/29/16 and ongoing	The RCD and/or designee to monitor the completion of documentation of medication administration through daily review of the eMAR system as the system highlights any medications that were not documented as administered.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/29/2016 - Colon, Lisselle			
PCH Name: SUNRISE SENIOR LIVING OF DRESHER			
1. REGULATION 55 Pa. Code §2800 2600.187(d) - The home shall follow the directions of the prescriber.			
2a. DESCRIPTION OF VIOLATION Resident # 1 has an order to issue 6 units of Humalog insulin before each meal; hold if blood sugar is at 90 or below. On 11-19-16 Resident # 1 blood sugar was at 76 at 11:30am before lunch and the Humalog insulin was given anyway.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
* please see attached.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/19/2016	12/17/2016
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Kerni Zustak			12/31/16
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1/12/17 (Date)		1/12/17 (Date)	
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 (Initials)			

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(d)	11/21/16	The Executive Director had submitted the reportable incident involving Resident #1 to the Bureau of Human Licensing Services on 11/21/16 after the discovering medication error on 11/20/16. The Executive Director had investigated the issue, and resident and family were informed of error on 11/20/16.
	11/20/16	The LPN medication care manager received training and coaching on proper medication administration procedures including the five rights of administration.
	12/29/16	The Resident Care Director conducted training with MCM and nurses in the facility on proper medication administration procedures including the five rights of administration. MCMs trained to review MAR after administering the medication to verify that accurate medication was administered; if error occurred MCMs are to immediately notify Resident Care Director and Executive Director.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/20/2016 - Colon, Lissette
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 65 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 11-10-16 @ 11:30am an error in resident # 1 medication administration occurred involving 8 units of Humalog insulin being administered. The error was not reported to Resident # 1.

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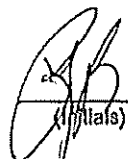
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kevin Zusak	12/31/14

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
188(b)	11/21/16	The Executive Director had submitted the reportable incident involving Resident #1 to the Bureau of Human Licensing Services on 11/21/16 after the discovering medication error on 11/20/16. The Executive Director had investigated the issue, and resident and family were informed of error on 11/20/16.
	12/29/16	The RCD conducted training with MCMs and nurses in the facility on requirement for immediate notification to the resident, responsible party, and prescriber in the event of a medication error. MCMs trained to review MAR after administering the medication to verify that accurate medication was administered; if error occurred MCMs are to immediately notify Resident Care Director and Executive Director.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/29/2016 - Colon, Lisselle
 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 # 3 participated in the development of their support plan on 10-13-16. The resident did not sign the support plan.

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.


4 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) Kevin Zwolack Date 12/31/16

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
227(g)	12/1/16	The Personal Care Coordinator (PCC) met with the Resident #3 and obtained signature on the resident's individualized service plan (ISP).
	12/1/16	The ED conducted a training with the PCC and Reminiscence Coordinator (RC) regarding the requirement that a resident and/or responsible party who participate in the development of an ISP should sign the Interdisciplinary Resident/Family Meeting Form.
	2/29/16	The PCC and 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 ISP.
	12/01/16 and ongoing	The ED or designee will review any newly completed ISPs weekly with the PCC and 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 ISP.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 11/20/2016 - Colon, Lieselle
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 65 Pa.Code §2800
 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 # 2 was admitted to the SDCU on [redacted] 15. Support Plan not completed within 72 hours.

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.

Report 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 Zusk	Date 12/31/16
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
234(a)	12/1/16	The RC audited all individualized support plans (ISP) to ensure they were completed within 72 hours of admission.
	12/1/16	The ED provided training with the RC and PCC regarding regulation of having support plan in place within 72 hours to ensure staff persons are able to address the care needs of a resident with cognitive impairment after moving into the facility.
	12/1/16 and ongoing	The ED and/or designee will review the completion of ISPs for new residents at the daily review meeting through the utilization and monitoring of Point Click Care dashboard which displays incomplete support plans.
	1/19/17	The POC and monitoring results are discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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