



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 28, 2017

Mr. Michael J. Stein,
Authorized Person of
HCRI Sun III Tenant LP
Attn: Menerva Philson
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 October 3, 2017 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 that reads "Patricia Adams" followed by a stylized monogram "PA".

Patricia Adams
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 12841 - 10/03/2017 - Gray, Dean
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 08/26/17, resident #1 was having a behavioral episode after dinner. Staff person A recorded and published this activity to social media.

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.

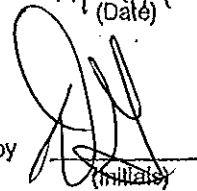
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kevin Zudak, Executive Director	11/3/17

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

The above plan of correction is approved as of <u>11/29/17</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>11/29/17</u> (Date) <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
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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): October 3, 2017
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Kerri H. Zwolak, Executive Director
 Signature of Sunrise Representative: 
 Date of Submission: 11/4/17

Regulation 55 Pa Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
42(c)	9/11/17	On 8/30/17 a staff person reported to the Reminiscence Coordinator (RC) that staff person A had recorded both her and resident 1 while they were in the common area of the secured dementia unit. The staff person stated the recording had been posted on social media. Staff person A was placed on administrative immediately. Upon completion of the investigation, the Executive Director (ED) could not verify the recording and publishing to social media, however staff person A was terminated due to per prior performance history and failure to follow the facility's policies.
	9/13/17	The department coordinators conducted training with all staff members regarding the facility's cell phone and social media policy as well as training on the residents' rights including regulation 2600.42(c).
	9/21/17	The ED reviewed and reinforced the policy regarding cell phone and social media usage at the monthly Town Hall Meetings to ensure staff are aware that cell phone and social media usage is prohibited in resident care areas.
	9/11/17 and ongoing	ED and coordinators will conduct observations to ensure compliance with the facility's cell phone media policy. If cell phone usage is observed in resident care and common areas, the disciplinary process will be followed.
	11/9/17	The POC will be 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 and training will be implemented and monitored to ensure the violation does not occur again.

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 - 10/03/2017 - Gray, Dean
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

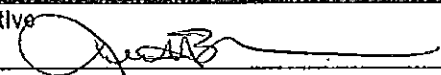
2a. DESCRIPTION OF VIOLATION
 On 08/26/17, staff member A recorded and published to social media activities by resident #1 without permission.

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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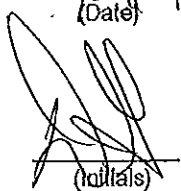
Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kevin Zusak, Executive Director	11/17/17

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The above plan of correction is approved as of 11/29/17
 (Date)



The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of 11/29/17
 (Date)

- 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
42(s)	9/11/17	On 8/30/17 a staff person reported to the Reminiscence Coordinator (RC) that staff person A had recorded both her and resident 1 while they were in the common area of the secured dementia unit. The staff person stated the recording had been posted on social media. Staff person A was placed on administrative immediately. Upon completion of the investigation, the Executive Director (ED) could not verify the recording and publishing to social media, however staff person A was terminated due to per prior performance history and failure to follow the facility's policies:
	9/13/17	The department coordinators conducted training with all staff members regarding the facility's cell phone and social media policy as well as training on the residents' rights including regulation 2600.42(s).
	9/21/17	The ED reviewed and reinforced the policy regarding cell phone and social media usage at the monthly Town Hall Meetings to ensure staff are aware that cell phone and social media usage is prohibited in resident care areas.
	9/11/17 and ongoing	ED and coordinators will conduct observations to ensure compliance with the facility's cell phone media policy. If cell phone usage is observed in resident care and common areas, the disciplinary process will be followed.
	11/9/17	The POC will be 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 and training will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 10/03/2017 - Gray, Dean
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

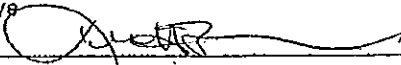
Direct care staff person B, hired on 05/22/17, did not receive initial DHS training until 10/03/17.

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 Zwolak, Executive Director

Date 11/4/17

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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65(d)	10/3/17	Staff person B successfully completed the Department-approved competency training during the licensing inspection.
	10/3/17	All staff person files who provide personal care services were audited for the completion of the competency training; all employee files were found to be in compliance.
	10/3/17	The Executive Director (ED) provided training to Business Office Coordinator (BOC) on the requirement for any staff person who is providing personal care services to have successfully completed the Department-approved competency test.
	10/3/17 and ongoing	The BOC will ensure all new care staff including coordinators complete the department-approved competency test prior to or on the first day of hire. The BOC will utilize the new team member employee checklist on the day of hire to ensure compliance.
	11/9/17	The files for staff persons providing personal care services hired within the month will be audited during the Quality Management (QAPI) meeting to ensure compliance with the completion of the department-approved competency test prior to providing unsupervised care. The POC will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the 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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Training of Regulation 2600.65(d)

The regulation states that an individual may not provide unsupervised ADL services until the completion of three items, including the following:

1. Training of job duties
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training

Process for completion of competency test includes having this completed on or before day of hire. New team member checklist to be completed to ensure compliance.