



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

November 16, 2018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

November 16, 2018

Mr. Michael J. Stein  
Authorized Person  
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's Bureau of Human Services Licensing inspection on July 11, 2018 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 cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary



Violation Report: 12841 - 07/11/2018 - Gray, Dean  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on 06/30/18, the previous evaluation was completed on 11/04/16.

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.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Johnny Harter, Executive Director* Date *8/10/18*

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

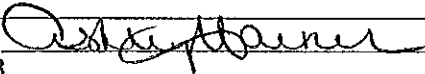
The above plan of correction is approved as of 8/10/18  
 (Date)

Plan of correction implementation status as of 11/13/18  
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*  
 (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 Rd. Dresher, PA 19025  
 License number: 12841  
 Inspection date(s): July 11<sup>th</sup>, 2018  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Ashley Harker, Executive Director  
 Signature of Sunrise Representative:   
 Date of Submission: August 10<sup>th</sup>, 2018

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.141 (b)(1)- A Resident shall have a medical evaluation at least annually.	7/11/2018	The community contacted the family/POA multiple times in an attempt to coordinate Resident's appointment for his medical evaluation which was due on 11/04/2017. Family agreed to switch to a visiting physician, after which the Resident had his medical evaluation completed on 5/30/2018.
	7/12/2018	An audit was of all DME's was completed by the Resident Care Director to ensure all DME's are within compliance.
	8/1/18 – ongoing	Wellness team will begin working on getting an updated DME 45 days prior to the expiration of the current DME. Wellness team will document all calls to family and physicians when trying to retrieve the updated DME. After 3 phone calls are placed, the wellness team will notify the Executive Director to send a certified letter to the family on the importance of receiving the new DME.
	8/1/18 – ongoing	If the family is non responsive a 30 day discharge notice will be issued to the Responsible Party/POA.
	9/1/18 – ongoing	Quarterly audits will be completed by the Wellness team to ensure all DME's are in compliance.
9/1/18 - ongoing	The POC is 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.	