



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail
Sent via e-mail

April 15, 2019

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 March 4, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker".

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 12841 - 03/04/2019 - Swisher, Michele
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

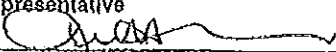
2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A and B received only 4 hours of annual training in training year January 2018 to December 2018.

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.

Home will ensure all direct care staff persons receive 12 hours annual training relating to their job duties. SP 04-12-19

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

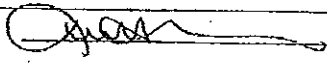
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kerni Zwolak, Executive Director

Date 4/12/19

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

The above plan of correction is approved as of <u>04-12-19</u> (Date)	Plan of correction implementation status as of <u>04-12-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (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

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): March 4, 2019
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Kerri H. Zwolak, Executive Director
 Signature of Sunrise Representative: 
 Date of Submission: 4/12/19

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65(e)	4/30/19	Staff persons A and B are in the process of completing the annual training requirement by obtaining eight hours of training for the 2018 annual training year.
	4/9/19	The Executive Director (ED) and Business Office Coordinator have conducted an audit to identify any additional staff persons who did not complete the required training hours for training year 2018.
	4/30/19	The ED along with the Personal Care Coordinator (PCC), Reminiscence Coordinator (RC), Resident Care Director (RCD), and Maintenance Coordinator (MC) will conduct trainings for all staff persons to ensure compliance with 2018 training requirements.
	3/6/19	The ED and BOC have reviewed and updated the staff training plan for 2019 which includes scheduling an hour of training each month related to the annual training requirements and topics. The BOC will conduct audit each month to ensure staff are receiving required training for the duration of the year.
	5/2/19 and ongoing	The POC including training progress 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 - 03/04/2019 - Swisher, Michele
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A and B did not receive training in the following topics during training year January 2018 to December 2018:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.

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.*

Administrator or designee will ensure correct training topics are being covered annually and all staff are completing trainings. SP 04-12-19

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)			Date
Kerni Zwick, Executive Director			4/12/19
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04-12-19 (Date)		04-12-19 (Date)	
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SP (Initials)			

Regulation 65 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65(f)	4/30/19	Staff persons A and B are in the process of completing the annual training requirement by obtaining training related to the following topics for the 2018 annual training year: medication self-administration, meeting the needs of the residents, dementia and cognitive impairment, infection control, personal care service needs, safe management techniques, and care for residents with mental illness.
	4/9/19	The Executive Director (ED) and Business Office Coordinator have conducted an audit to identify any additional staff persons who did not complete the required training hours for training year 2018.
	4/30/19	The ED along with the Personal Care Coordinator (PCC), Reminiscence Coordinator (RC), Resident Care Director (RCD), and Maintenance Coordinator (MC) will conduct trainings for all staff persons to ensure compliance with 2018 training requirements.
	3/6/19	The ED and BOC have reviewed and updated the staff training plan for 2019 which includes scheduling an hour of training each month related to the annual training requirements and topics. The BOC will conduct audit each month to ensure staff are receiving required training for the duration of the year.
	5/2/19 and ongoing	The POC including training progress 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 - 03/04/2019 - Swisher, Michele
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care persons A and B did not receive training in the following topics during training year January 2018 to December 2018:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.5102).
- (5) Falls and accident prevention.

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.*

Home will ensure all staff are trained annually in the following areas. SP 04-12-19

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) <i>Kerri Zwick, Executive Director</i>	Date <i>4/12/19</i>
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Regulation 65 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65(g)	11/7/18	Staff persons A received fire safety training in 2018.
	12/27/18	Staff persons B received resident rights training in 2018.
	4/30/19	Staff persons A and B are in process of completing the annual training requirement by obtaining training related to the following topics which had not been received for the 2018 training year: emergency preparedness, resident rights, fire safety and falls and accident prevention.
	4/9/19	The Executive Director (ED) and Business Office Coordinator have conducted an audit to identify any additional staff persons who did not complete the required training hours for training year 2018.
	4/30/19	The ED along with the Personal Care Coordinator (PCC), Reminiscence Coordinator (RC), Resident Care Director (RCD), and Maintenance Coordinator (MC) will conduct trainings for all staff persons to ensure compliance with 2018 training requirements.
	3/6/19	The ED and BOC have reviewed and updated the staff training plan for 2019 which includes scheduling an hour of training each month related to the annual training requirements and topics. The BOC will conduct audit each month to ensure staff are receiving required training for the duration of the year.
	5/2/19 and ongoing	The POC including training progress 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.

Violation Report: 12841 - 03/04/2019 - Swisher, Michele
PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident 1, dated 08/07/2018, does not include body positioning and movement or health status.

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.

see please see attached.

Home will ensure all medical evaluations are completed fully and correctly. SP 04-12-19

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) *Karen Zwick, Executive Director* Date *4/12/19*

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(Date)

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

Plan of correction implementation status as of 04-12-19
(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
141(a)(2)	3/28/19	The Resident Care Director (RCD) received a completed a Documentation of Medical Evaluation (DME) for Resident 1 from the resident's current physician. The completed DME included information regarding Resident 1's body positioning and movement and health status.
	4/12/19	An audit of all DMEs is being completed by the RCD and Wellness Nurses to determine the forms have been completed in their entirety.
	3/6/19	The Executive Director reviewed the process with the RCD, Wellness Nurses, and care coordinator of checking DMEs to ensure they are entirely completed before adding to the medical record.
	5/2/19 and ongoing	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: 12041 - 03/04/2019 - Swisher, Michele
 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 currently has two residents who require a mechanical lift for transfers. The home does not have a policy/procedure or training plan in place for the safe use and proper handling or maintenance of the mechanical lifts. Through staff interviews it was determined that some staff who have been employed with the home for multiple years have received in-services on using the mechanical lifts, however the home does not have documentation on file of this training and staff hired more recently have not received training on the mechanical lifts at all.

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

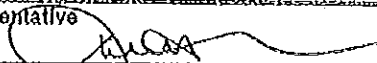
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

** please see attached.*

Home will ensure all direct care staff who use mechanical lift are trained to use the device to ensure resident safety while being transferred.

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
Kerri Zwick, Executive Director	4/12/19

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The above plan of correction was approved by	<u>SP</u> (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 65 Pa.Code § 2600.	Target Date by Which Correction will be completed.	Plan of Correction
185(a)	4/13/19	The Personal Care Coordinator (PCC) and Resident Care Director (RCD) are providing training to all direct care staff persons on mechanical lift usage.
	4/1/19 and ongoing	The care supervisor or designee to provide and document training on mechanical lift usage to staff persons during orientation period to include usage, cleaning, and storage. Direct care staff persons also to receive training when resident equipment changes.
	3/31/19	The annual staff training plan was updated to include annual mechanical lift training for direct care staff persons to include usage, cleaning, and storage.
	5/2/19 and ongoing	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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