



September 25, 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 annual inspection on June 24 and 25, 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 (relating to Personal Care Homes) 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SUNRISE SENIOR LIVING OF DRESHER* License Number: *128410*
 Address: *1650 SUSQUEHANNA ROAD, DRESHER, PA 19025*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Brian Baxter* Phone: *2152831123* Email: *dresher.ed@sunriseseniorliving.com*

Legal Entity

Name: *HCRI SUN III TENANT LP*
 Address: *7902 WESTPARK DRIVE, ATTN: MENERVA PHILSON, MCLEAN, VA, 22102*

Certificate(s) of Occupancy

Type: *I-1* Date: *04/26/2006* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

06/24/2019 - On-Site: Dean Gray, David Carrion
06/25/2019 - On-Site: Dean Gray, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence Unit* Capacity: *30* Residents Served: *15*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>74</i>
Diagnosed with Mental Illness: <i>3</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>47</i>	Have Physical Disability: <i>0</i>

SUNRISE SENIOR LIVING OF DRESHER

128410

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

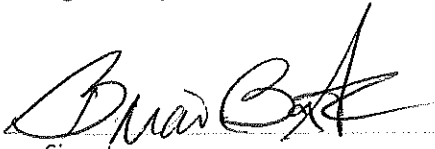
Description of Violation

The Residency Agreement for Sunrise of Dresher PA lists "Assisted Living" under the programs and service available. Use of this term is prohibited under Act 56 of 2007.

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.)

Legal Entity Representative


Signature


Brian Bouxtec ED
Printed Name and Title

8/7/19
Date

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The above plan of correction is approved as of 8/22/19
(Date)

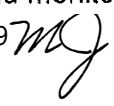
Plan of correction implementation status as of 8/22/19
(Date)

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 Rd Dresher, PA 19025
License number: 128410
Inspection date(s): 6/24/19 – 6/25/19
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Sunrise Senior Living of Dresher
Signature of Sunrise Representative: Brian Baxter
Date of Submission: _____

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.18	6/25/19	The Executive Director (ED) notified the system administrator of the electronic Residency Agreement site, that the agreement needs to reflect "Personal Care" under the programs and services available instead of "Assisted Living".
	6/25/19	The "Assisted Living" language under the programs and services available was replaced with "Personal Care" to match the license type of care provided at the community.
	6/25/19 and Ongoing	The ED/Designee will review the electronic Residency Agreement updates monthly to verify that the "Personal Care" language appears under the programs and services available instead of "Assisted Living".
	8/29/19	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. 8/22/19 

Page 1 of 9

Signature of Sunrise Representative: _____

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.

SUNRISE SENIOR LIVING OF DRESHER

128410

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

In an incident report dated 04/24/19, resident #1 reported that staff forced him to go to bed against his wishes. Resident #1 confirmed this report during an interview on 06/25/19.

Repeat Violation: 05/24/18

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.)

Documentation of trainings are to be maintained for Department review. 8/22/19 *MY*

Legal Entity Representative

Brian Buxton
Signature

Brian Buxton ED
Printed Name and Title

8/2/19
Date


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The above plan of correction is approved as of 8/22/19
(Date)

Plan of correction implementation status as of 8/22/19
(Date)

The above plan of correction was approved by *MY*
(Initials)

- 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
42c	4/24/19	Once the ED was alerted of allegation, staff persons involved were placed on administrative leave. Upon conclusion of the internal investigation staff persons were terminated.
	7/22/19 and 9/30/19	The Ombudsman provided a training on Resident Rights and will schedule a second training for September.
	8/30/19	The ED/Designee to provided additional training on Resident Rights with a focus on knowing and understanding resident needs and preference.
	7/22/19 and Ongoing	Resident Rights training will continue to be provided at time of hire, annually and as needed.
	7/22/19 and Ongoing	The ED and Coordinators encourage residents to bring any concerns to their attention for resolutions. The Resident agreement provides information on how to communicate those concerns or grievances.
	7/17/19	During the monthly resident council meetings residents are encouraged to express concerns or grievances and are remind of the ability to do so privately. The ED or a designee attends the resident council meetings.
	8/29/19	The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 

Signature of Sunrise Representative: _____



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SUNRISE SENIOR LIVING OF DRESHER

128410

42s - Privacy

Regulations

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.

Description of Violation

On 06/25/19, resident's personal dietary information was posted on a board visible from the dining area.

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.)

Legal Entity Representative

Brain Boyter

Signature

Brain Boyter

Printed Name and Title

ED 8/7/19

Date

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(Date)

Plan of correction implementation status as of 8/22/19
(Date)

The above plan of correction was approved by *MB*
(Initials)

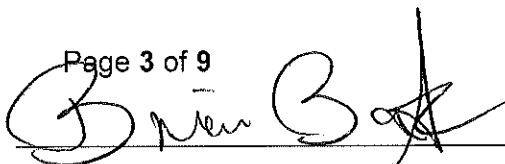
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

06/24/2019

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
42s	6/26/19	The Board was immediately taken down and the resident specific dietary information was transferred to binder and is stored in office of the kitchen, accessible to those who need the information when serving residents.
	9/20/18	The Community has transitioned to a dining program that is connected to a tablet and diet orders are given to the program directly from the electronic health record, Point Click Care. This program will only allow team members to order the appropriate diet and is available for all caregivers to access. The binder remains being updated and available in event of system failure. The Dining Service Coordinator or designee will ensure the binder is up to date.
	6/26/19 and Ongoing	Throughout the day the ED and the Coordinators are to ensure that resident specific information is not accessible and visible to the public.
	8/29/19	The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 <i>MJ</i>

Signature of Sunrise Representative: _____



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SUNRISE SENIOR LIVING OF DRESHER

128410

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 4 hours of annual training in training year 2018.

Direct care staff person B received only 1 hour of annual training in training year 2018.

Repeat Violation: 03/04/19

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.)

Documentation of trainngs and audits will be maintained for Department review. 8/22/19 *MB*

Legal Entity Representative

[Handwritten Signature]
Signature

Brian Baxter ED
Printed Name and Title

8/22/19
Date

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The above plan of correction is approved as of *8/22/19*
(Date)

Plan of correction implementation status as of *8/22/19*
(Date)

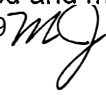
Fully Implemented

The above plan of correction was approved by *MB*
(Initials)

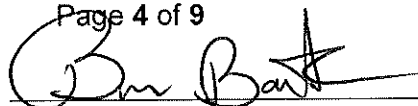
Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65e	8/15/19	Staff persons A and B are in the process of completing the annual training requirement. Staff person A will obtain eight hours of training for the 2018 annual training year in addition to the required 12 hours for 2019 and Staff person B will obtain eleven hours of training for the 2018 annual training year in addition to the required 12 hours for 2019.
	7/17/19	The Executive Director (ED) and Business Office Coordinator (BOC) have conducted an audit to identify any additional staff persons who did not complete the required training hours for training year 2018.
	8/15/19	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.
	8/15/19 and ongoing	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.
	8/29/19	The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 

Signature of Sunrise Representative: _____



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SUNRISE SENIOR LIVING OF DRESHER

128410

65f - Training Topics

Regulations

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 an intellectual disability, or both, if the population is served in the home.

Description of Violation


Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018.

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018.

Repeat Violation: 03/04/19

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.)

Documentation of trainngs and audits will be maintained for Department review. 8/22/19 

06/24/2019

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SUNRISE SENIOR LIVING OF DRESHER

128410

65f - Training Topics (continued)

Legal Entity Representative

Ben BA
Signature

Ben Boyk ED 8/7/19
Printed Name and Title Date

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(Date)

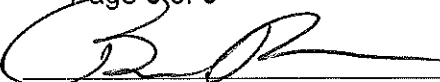
Plan of correction implementation status as of 8/22/19
(Date)

The above plan of correction was approved by *MB*
(Initials)


- 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
65f	8/15/19	<p>Direct care staff A has been scheduled to complete the following 2018 required training topics:</p> <ul style="list-style-type: none"> • Medication self- administering • Instruction on meeting the needs of residents as described in preadmission screening form, assessment tools, medical evaluation and support plan • Personal Care service needs of resident and safe management techniques. • Care for residents with mental illness or an intellectual disability, or both, if the population is served
	8/15/19	<p>Direct care staff B has been scheduled to complete the following 2018 required training topics:</p> <ul style="list-style-type: none"> • Medication self- administering • Instruction on meeting the needs of residents as described in preadmission screening form, assessment tools, medical evaluation and support plan • Care for residents with dementia and cognitive impairments • Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration • Personal Care service needs of resident and safe management techniques. • Care for residents with mental illness or an intellectual disability, or both, if the population is served
	7/17/19	<p>The ED and BOC conducted an audit to identify any additional staff person who did not complete the required training topics for training year 2018.</p>
	8/15/19	<p>The ED along with the Care Coordinators and Maintenance Coordinator to conduct trainings for all staff persons to ensure compliance with 2018 requirements.</p>
	7/25/19 and ongoing	<p>The ED has reviewed and implemented the staff training plan for 2019 which includes scheduling an hour of training each month at town Hall meeting and full day training twice a month starting in July. The BOC will conduct an audit each month to ensure staff is receiving required training for duration of the year.</p>
	8/29/19	<p>The POC is discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to</p>

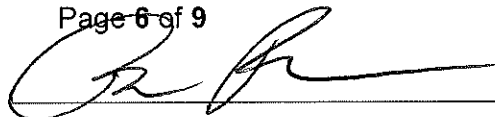
Signature of Sunrise Representative:



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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
		<p>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. 8/22/19 </p>

Signature of Sunrise Representative:



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SUNRISE SENIOR LIVING OF DRESHER

128410

65g - Annual Training Content

Regulations

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, resident rights, falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2018.

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2018.

Repeat Violation: 03/04/19

Plan of Correction (POC)

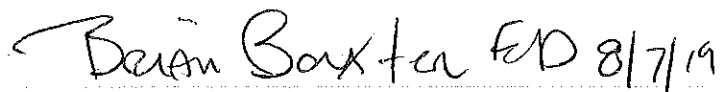
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Documentation of trainngs and audits will be maintained for Department review. 8/22/19 *MG*

Legal Entity Representative



Signature

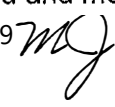


Printed Name and Title

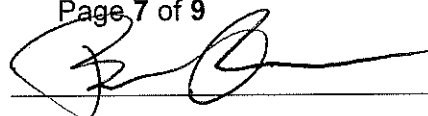
Date

06/24/2019

8 of 11

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
65g	8/15/19	<p>Direct care staff A has been scheduled to complete the following 2018 required training topics:</p> <ul style="list-style-type: none"> • Fire safety • Resident rights • Falls and accident prevention • New population groups that are being served at the home that were not previously served, if applicable <p>Direct care staff B has been scheduled to complete the following 2018 required training topics:</p> <ul style="list-style-type: none"> • Fire safety • Emergency preparedness procedures and recognition and response to crises and emergency situations • Resident rights • Falls and accident prevention • New population groups that are being served at the home that were not previously served, if applicable <p>7/17/19 The ED and BOC conducted an audit to identify any additional staff person who did not complete the required training topics for training year 2018.</p> <p>8/15/19 The ED along with the Care Coordinators and Maintenance Coordinator to conduct trainings for all staff persons to ensure compliance with 2018 requirements.</p> <p>7/25/19 and ongoing The ED has reviewed and implemented the staff training plan for 2019 which includes scheduling an hour of training each month at town Hall meeting and full day training twice a month starting in July. The BOC will conduct an audit each month to ensure staff is receiving required training for duration of the year.</p> <p>8/29/19 The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 </p>

Signature of Sunrise Representative: _____



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SUNRISE SENIOR LIVING OF DRESHER

128410

65g - Annual Training Content (continued)

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The above plan of correction is approved as of 8/22/19 (Date)

Plan of correction implementation status as of 8/22/19 (Date)

The above plan of correction was approved by

MCJ
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

SUNRISE SENIOR LIVING OF DRESHER

128410

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/25/19, a strong odor of urine was present in room #317A.

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.)

Documentation of trainings and audits will be maintained for Department review. Invoice of replacement carpet will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147.

8/22/19 *MJ*

Legal Entity Representative

Brian Baxter
Signature

Brian Baxter ED 8/7/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/22/19 (Date) Plan of correction implementation status as of 8/22/19 (Date)

The above plan of correction was approved by *MJ* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

06/24/2019

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
85a	7/8 and 7/22/19	The carpet was cleaned by the Maintenance Coordinator.
	8/9/19	The condition of the carpet in room #317A did not improve as anticipated and the carpet is scheduled to be replaced.
	7/8/19	During rounds staff persons are to utilize our electronic maintenance system, TELS, to indicate any maintenance issues.
	8/31/19	Staff persons are to be retrained on proper usage of TELS to ensure comfort and knowledge base to use system correctly.
	7/8/19 ongoing	The ED or designee to check rooms as rounds are completed throughout the day.
	8/29/19	The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 

Signature of Sunrise Representative: 

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SUNRISE SENIOR LIVING OF DRESHER

128410

236 - Staff Training

Regulations

2600.

236. Training - 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 § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had not completed any training in dementia care during the 2018 training year.

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.)

Documentation of trainings and audits will be maintained for Department review. 8/22/19 *my*

Legal Entity Representative


[Handwritten Signature]
Signature

Brian Beuth ED 8/7/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19 (Date) Plan of correction implementation status as of 8/22/19 (Date)

The above plan of correction was approved by *my* (Initials) 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
236	<p>8/15/19</p> <p>7/17/19</p> <p>8/15/19</p> <p>7/25/19 and ongoing</p> <p>8/29/19</p>	<p>Direct care staff member B has been scheduled to complete the 6 hours of training related to dementia care and services from 2018.</p> <p>The ED and Care Coordinators to conduct an audit to identify any additional staff person who did not complete the required training hours for training year 2018.</p> <p>The ED along with the Care Coordinators and Maintenance Coordinator to conduct trainings for all staff persons to ensure compliance with 2018 requirements.</p> <p>The ED and BOC have reviewed and implemented the staff training plan for 2019 which includes scheduling an hour of training each month at town Hall meeting and full day training twice a month starting in July. The BOC will conduct an audit each month to ensure staff is receiving required training for duration of the year.</p> <p>The POC is discussed and evaluated (for up to 3 months) by the ED 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. 8/22/19 </p>

Signature of Sunrise Representative: _____



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.