



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [licensing@sunriseseniorliving.com](mailto:licensing@sunriseseniorliving.com)  
Sent via e-mail [dresher.ed@sunriseseniorliving.com](mailto:dresher.ed@sunriseseniorliving.com)  
June 26, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 3, 2020 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On February 3, 2020 we requested that you complete a plan to correct the violations. We have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *SUNRISE SENIOR LIVING OF DRESHER*

License Number: *12841*

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:

Issued By:

## Staffing Hours

Resident Support Staff:

Total Daily Staff: *123*

Waking Staff: *92*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

*02/03/2020 - On-Site: Youn Hie Chung*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *105*

Residents Served: *80*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *REM*

Capacity: *30*

Residents Served: *24*

### Hospice

Current Residents: *x*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *80*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *43*

Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 12/09/2019, at 05:50 PM, resident #1 was having behavioral issues. He was trying to flip the dining room table on another resident and was pulling chairs from other residents, being a threat to the safety of other residents and staff. While staff A was trying to defuse the situation, she allegedly used profanities and pinned the resident against the wall. This incident was observed by staff person B, C, and D. Staff B reported this incident to staff person E on 12/09/2019 around 09:00 PM. However, this allegation of abuse was never reported to the AAA.

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 ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Beroin Bextea*  
Printed Name and Title

*3/16/2020*  
Date

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

The above plan of correction is approved as of

6.24.2020  
(Date)

Plan of correction implementation status as of

6.24.2020  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

slw  
(Initials)

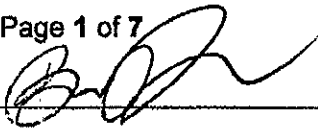
## Sunrise Senior Living Plan of Correction

**Name of Personal Care Home:** Sunrise of Dresher  
**Address of PCH:** 1650 Susquehanna Rd Dresher, PA 19025  
**License number:** 128410  
**Inspection date(s):** 2/3/2020  
**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:** 3/16/2020

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15.a	1/12/2020	Staff alerted management of alleged incident on 1/12/2020 approximately at 4pm. Staff A was on administrative leave when the allegation was received by the Executive Director.
	1/13/2020	The Executive Director submitted the reportable incident on 1/13/2020. Staff E indicated to the Executive Director that the alleged incident was not reported to Staff E as indicated in violation report.
	1/15/2020	The Executive Director held a training with reminiscence staff to review the procedure for reporting allegations of abuse.
	1/27/2020 & 1/28/2020	During the monthly Town Hall meetings the Executive Director reviewed the procedure for reporting allegations of abuse.
	3/26/2020	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.

Page 1 of 7

**Signature of Sunrise Representative:** \_\_\_\_\_



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15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

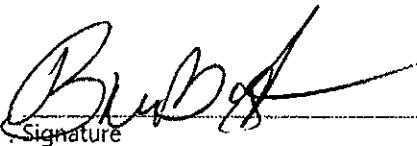
On 12/09/2019 at 05:50, resident #1 was treated aggressively by a staff during his behavioral outburst. The home failed to immediately develop/implement a plan of supervision or suspend the staff involved in the alleged incident.

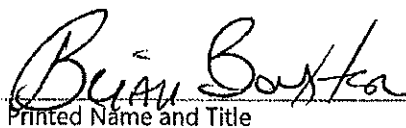
Plan of Correction (POC)

(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 ATTACHED PLAN OF CORRECTION

Legal Entity Representative

  
Signature

 3/16/2020  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 6.24.2020 Plan of correction implementation status as of 6.24.2020  
(Date) (Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15.b	1/13/2020  1/15/2020  1/27/2020 & 1/28/2020  3/26/2020	<p>Staff A was on administrative leave when the allegation was received by the Executive Director. Staff A remained on administrative leave during the duration of the investigation and is now terminated.</p> <p>The Executive Director held a training with staff Reminiscence staff to review the procedure for reporting allegations of abuse.</p> <p>During the monthly Town Hall meetings the Executive Director reviewed the procedure for reporting allegations of abuse.</p> <p>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.</p>

Signature of Sunrise Representative: \_\_\_\_\_



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15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 12/09/2019, at 05:50 PM, resident #1 was having behavioral issues. He was trying to flip the dining room table on another resident and was pulling chairs from other residents, being a threat to the safety of other residents and staff. While staff A was trying to defuse the situation, she allegedly used profanities and pinned the resident against the wall. This incident was witnessed by staff person B, C, and D. Staff B reported this incident to staff person E on 12/09/2019 around 09:00 PM. Staff person A continued to work until 01/24/2020 when she was finally terminated.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

  
Signature

  
Printed Name and Title

  
Date

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(Date)

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(Date)

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(Initials)

- Implemented
- Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15.c	<p>1/13/2020</p> <p>1/15/2020</p> <p>1/27/2020 &amp; 1/28/2020</p> <p>3/26/2020</p>	<p>Staff A was on administrative leave when the allegation was received by the Executive Director. The Executive Director submitted the reportable incident upon learning of the allegation. The reportable incident report included that Staff A was on administrative leave.</p> <p>The Executive Director held a training with reminiscence staff to review the procedure for reporting allegations of abuse.</p> <p>During the monthly Town Hall meetings the Executive Director reviewed the procedure for reporting allegations of abuse.</p> <p>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.</p> <p>DPOC:</p> <p>1. The administrator or designee will conduct a training with management staff on the importance of submitting a plan of supervision or termination of a staff to the Department following all allegations of abuse reported, within 10 days of receipt of this Plan of Correction.</p> <p>SLW 6.24.2020</p>

Signature of Sunrise Representative: \_\_\_\_\_



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16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 01/11/2020, resident #1 and #2 were allegedly abused verbally and physically by staff A. The home did not report this incident to the department until 01/13/2020.

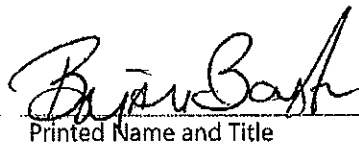
Plan of Correction (POC)

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Signature

  
Printed Name and Title

  
Date

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(Date)

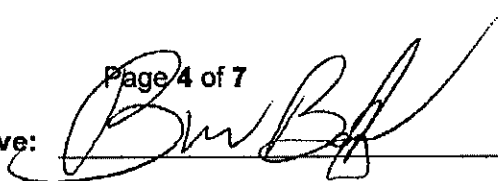
Plan of correction implementation status as of 6.24.2020  
(Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.16.c	1/12/2020	Staff alerted management of alleged incident on 1/12/2020 approximately at 4pm. Staff A was on administrative leave when the allegation was received by the Executive Director.
	1/13/2020	The Executive Director submitted the reportable incident on 1/13/2020. Staff E indicated to the Executive Director that the alleged incident was not reported to Staff E as indicated in violation report.
	1/15/2020	The Executive Director held a training with reminiscence staff to review the procedure for reporting allegations of abuse.
	1/27/2020 & 1/28/2020	During the monthly Town Hall meetings the Executive Director reviewed the procedure for reporting allegations of abuse.
	3/26/2020	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.

Signature of Sunrise Representative:



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42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

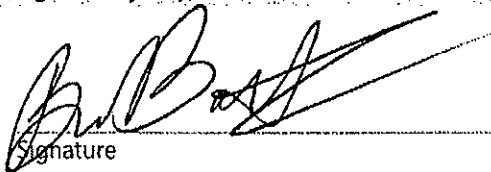
On 12/09/2019, resident #1 was having behavioral issues in the home's SDCU dining room and was a threat to the safety of other residents and staff. Staff A started yelling at the resident, struggled with a chair between them, and then the staff person pinned the resident against the wall. On 01/11/2020, the same resident was wandering into another resident's room and staff A was heard using a f-word to the resident by staff F.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

  
Signature

Brian Baxter  
Printed Name and Title

3/16/2020  
Date

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(Date)

Plan of correction implementation status as of 6.24.2020  
(Date)

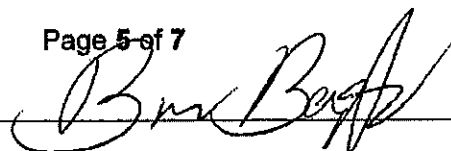
The above plan of correction was approved by slw  
(Initials)

Implemented  
 Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42.b	1/13/2020	During the investigation statements were obtained by the Executive Director from staff A, B, C, D, E and F. Statements were conflicting with the description of the incident and what actually occurred.
	1/13/2019	Resident #1's support plan was reviewed and updated to confirm all behaviors and interventions are documented.
	10/3/2019	The Reminiscence Coordinator reviewed the updated support plan with staff and discussed interventions with the care staff.
	3/31/2020	Resident Rights training has been scheduled for staff members that provide care.
	4/15/2020	Training on meeting the needs of the residents as described in their preadmission screening form, assessment, medical evaluation and support plan as well as Safe Management Techniques will be provided to care staff.
	3/26/2020	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.
	DPOC:	<ol style="list-style-type: none"> <li>1. The Resident Care Coordinator will conduct monthly observations of the staff, randomly, to ensure the residents are not verbally abused or mistreated, for the next six months.</li> <li>2. The administrator will conduct monthly interviews with random residents to assess how the residents are being treated by the staff, starting immediately, for the next six months.</li> <li>3. Documentation of the interviews will be maintained for the Departments review.</li> <li>4. The administrator will discuss ■ what constitutes verbal abuse at monthly staff meetings for the next six months, starting immediately.</li> </ol> <p>SLW 6.24.2020</p>

Page 5 of 7

Signature of Sunrise Representative:



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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

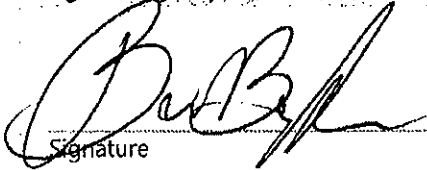
There is no record that staff person A received training in meeting the needs of the resident as described in the assessment too and the resident assessment and support plan during training year 2019.

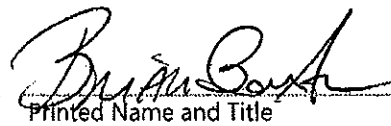
Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

  
Signature

  
Printed Name and Title

3/26/2020  
Date

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The above plan of correction is approved as of 6.24.2020  
(Date)

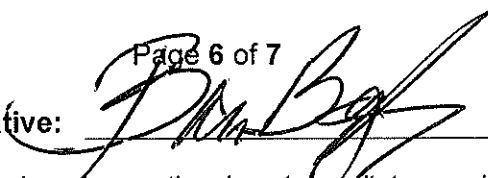
Plan of correction implementation status as of 6.24.2020  
(Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.65.f	1/24/2020	Staff person A has been terminated.
	3/25/2020	The Business Office Coordinator conducted a review of direct care staff training records to verify that direct care staff have received annual training on meeting the needs of the residents as described in their preadmission screening form, assessment, medical evaluation and support plan.
	3/6/2020	The Business Office Coordinator verified that the required annual training is on the annual staff training plan for 2020.
	4/27/2020 & 4/28/2020	Direct care staff are trained annually on meeting the needs of the residents as described in their preadmission screening form, assessment, medical evaluation and support plan.
	Ongoing	The Business Office Coordinator will obtain sign in sheets for all required trainings and track training progress throughout the year.
	3/26/2020	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.

Signature of Sunrise Representative: \_\_\_\_\_



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201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

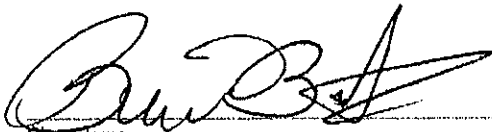
The home has not implemented positive interventions to modify or eliminate the behavior. On 12/09/2019, staff person A pinned Resident #1 against a wall in response to behavioral issues displayed by the resident.

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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Legal Entity Representative

  
Signature

  
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Date

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(Date)

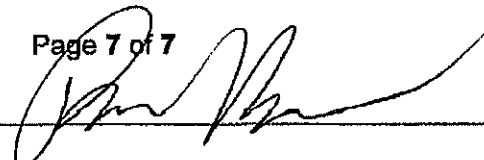
- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.201	10/3/2019	Resident #1's support plan was reviewed and updated to confirm all behaviors and interventions are documented.
	10/9/2019	The Reminiscence Coordinator reviewed the updated support plan with staff and discussed interventions with the care staff.
	3/31/2020	Resident Rights training has been scheduled for staff members that provide care.
	4/27/2020 & 4/28/2020	Training on meeting the needs of the residents as described in their preadmission screening form, assessment, medical evaluation and support plan as well as Safe Management Techniques will be provided to care staff.
	3/26/2020	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.
	DPOC	<ol style="list-style-type: none"> <li>1. The administrator or designee will conduct a training on how and when to implement safe behavioral interventions to de-escalate a residents behavior, within the next 30 days of receipt of this Plan of Correction.</li> <li>2. A copy of this training will be maintained for the Departments review.</li> <li>3. The administrator will discuss various behavioral interventions to use for challenging situations during monthly staff meetings for the next six months, starting immediately.</li> </ol> <p>SLW 6.24.2020</p>

Page 7 of 7

Signature of Sunrise Representative:



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