

Department of Human Services  
Bureau of Human Service Licensing

December 2, 2020

MICHAEL STEIN, AUTHORIZED PERSON  
HCRI SUN III TENANT LP  
7902 WESTPARK DRIVE  
ATTN: MENERVA PHILSON  
MCLEAN, VA 22102

RE: SUNRISE SENIOR LIVING OF  
DRESHER  
1650 SUSQUEHANNA ROAD  
DRESHER, PA, 19025  
LICENSE/COC#: 12841

Dear Mr. Stein,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *SUNRISE SENIOR LIVING OF DRESHER* License #: *12841* License Expiration Date: *03/06/2021*  
 Address: *1650 SUSQUEHANNA ROAD, DRESHER, PA 19025*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Toyeebah Olanigan* Phone: *2152831123* Email:  
*Dresher.ed@SUNRISESENIORLIVING.COM;*  
*shparker@pa.gov*

**Legal Entity**

Name: *HCRI SUN III TENANT LP*  
 Address: *7902 WESTPARK DRIVE, ATTN: MENERVA PHILSON, MCLEAN, VA, 22102*  
 Phone: *2152831123* Email: *LICENSING@SUNRISESENIORLIVING.COM*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/15/2006* Issued By: *Twp of Upper Dublin*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *10/15/2030*

**Inspection Dates and Department Representative**

*10/15/2020 - On-Site: Jennie Heinberg*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *105* Residents Served: *64*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminscene* Capacity: *30* Residents Served: *21*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *39* Have Physical Disability: *0*

## Inspections / Reviews

## 10/15/2020 - Partial

Lead Inspector: *Jennie Heinberg*Follow-Up Type: *POC Submission*Follow-Up Date: *11/19/2020*

## 11/23/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *12/02/2020*

## 12/2/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

## 16c - Written Incident Report

### 1. Requirements

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

*The home had an incident occur on Sunday, October 11, 2020 at approx. 7:00pm between a resident and a staff person. The home did not report this incident to the Department until Tuesday, October 13, 2020 at approx. 10:00am.*

### Plan of Correction

**Accept**

*On 10/13/20, staff member B and staff member C were provided training on reporting incidents including resident right issues within the required time frame.*

*The Executive Director (ED), Personal Care Coordinator (PCC), and Reminiscence Coordinator (RC) will provide education and training to all staff members on reporting incidents within the required time frame (10/28/20).*

*The ED and/or designee will verify during daily stand up meeting that all reportable incidents were reported or are scheduled to be reported into the Department of Human Services within the 24 hour required timeframe (10/13/20).*

*The POC will and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again (11/25/20).*

**Completion Date:** 11/30/2020

### Document Submission

**Implemented**

*See Attached.*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

### Description of Violation

*The assessment and support plan, dated 9/29/2020, for resident #1 indicates the resident requires assistance at times being re-directed. On 10/11/2020, the resident did not receive this assistance as required.*

## 23a - Activities of Daily Living Assistance (continued)

**Plan of Correction****Accept**

*The Reminiscence Coordinator (RC) reviewed resident #1's ISP with staff members to ensure there was an awareness of the resident's required level of assistance including redirection (10/14/20).*

*The RC reviewed all residents' ISP with staff members in the secured dementia care unit to ensure all staff members are aware of residents' ADL needs, as well as manner in which the RC will update ISP's and communicate any changes and updates to staff members (10/30/20).*

*The RC provided training and education to staff members in the secured dementia care unit on the ISP document as well as how to provide support and redirection to residents (11/30/20).*

*The RC will conduct daily observations to verify staff members are providing the ADL assistance that is noted in each residents' ISP (11/30/20,).*

*The POC will and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended, and a new POC will be implemented and monitored to ensure incident does not occur again (11/25/20).*

**Completion Date:** 11/30/2020

**Document Submission****Implemented**

*See Attached.*

## 42c - Treatment of Residents

**1. Requirements**

2600.

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

**Description of Violation**

*On 10/11/2020 at approximately 7:00pm Staff member B states she was in an office with Staff member A. Both staff members witnessed resident #1 heading towards the bedroom of another resident. Staff member B heard Staff member A confront the resident with profanity and demanded the resident to sit down. Staff member C states she didn't hear the context of the conversation but clearly heard Staff member A use a profane word while addressing resident #1.*

42c - Treatment of Residents (continued)

**Plan of Correction**

**Accept**

*On 10/12/20 staff person B reported to the Executive Director (ED) and Resident Care Director (RCD) that staff person A used profanity when addressing resident #1 while they were in the common area of the secured dementia unit. Staff person A was placed on administrative immediately. Upon completion of the investigation, the Executive Director (ED) terminated staff person A on 10/14/20 (10/14/20).*

*The department coordinators conducted training with all staff members regarding residents' rights including treating residents with dignity and respect (11/30/20).*

*The ED reviewed and reinforced residents' rights training at the monthly Town Hall Meetings (10/28/20).*

*The ED and the coordinators conduct daily observations to ensure staff members are treating residents with dignity and respect ( 10/13/20).*

*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 (11/25/20).*

**Completion Date:** 11/30/2020

**Document Submission**

**Implemented**

*See Attached.*

201 - Positive Interventions

**1. Requirements**

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**

*On Sunday, 10/11/2020 at approximately 7:00pm, Staff member A failed to use safe management techniques when redirecting resident #1 from entering another resident's room. Staff member A used profane language and demanded the resident sit down.*

201 - Positive Interventions (*continued*)**Plan of Correction****Accept**

*On 10/12/20, staff member A was placed on administrative leave pending investigation of incident. Upon completion of the investigation, the Executive Director (ED) terminated staff person A on 10/14/20.*

*The ED, the PCC, and/or the RC will provide all staff members with education and training on managing resident behaviors and utilizing proper techniques to redirect/reorient residents who might be exhibit behavioral expressions (12/30/20).*

*The ED and the coordinators will conduct daily observations to verify team members are utilizing proper behavioral management techniques (10/13/20).*

*The POC will and monitoring process will be discussed during monthly QAPI meetings for 3 months. If not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again (11/25/20).*

**Completion Date:** 12/30/2020

**Document Submission****Implemented**

*In progress*