pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
September 12, 2022

[redacted]
HCRI Sun III Tenant, LP
[redacted]
[redacted]

RE: Sunrise Senior Living of Dresher
1650 Susquehanna Road
Dresher, Pennsylvania 19025
License #: 12841

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 8, 2022 and June 6, 2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SUNRISE SENIOR LIVING OF DRESHER* **License #**: *12841* **License Expiration**: *03/06/2023*

Address: *1650 SUSQUEHANNA ROAD, DRESHER, PA 19025*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *2152831123* **Email**: [redacted]

Legal Entity

Name: *HCRI SUN III TENANT LP*

Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*

Phone: *2152831123* **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *94* **Waking Staff**: *71*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *03/08/2022*

Inspection Dates and Department Representative

03/08/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served**: *60*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *30* **Residents Served**: *20*

Hospice

Current Residents: *30*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *56*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

03/08/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/31/2022*

Inspections / Reviews *(continued)*

03/31/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/01/2022*

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

On 02/12/22 at 5:30pm, Resident #1 asked resident #2 to move away from the apartment door. Resident #1 rang the call bell for assistance. Staff came and removed resident #2 away from the door and to the nurse's station. Resident #2 reported being pushed by "Mickey Mouse" in response to the incident. The home did not report this incident to the department until 02/13/22 at 6pm.

On 3/06/2022 at 7:56am, Resident #3's blood sugar reading was 50. Resident #3 is prescribed Glucagen Hypokit 1mg Vial - 1 gram to be administered intramuscularly by a nurse if the resident's blood sugar reading is less than 60 and the resident is symptomatic . The resident was not administered this medication as prescribed. The home did not report this incident to the Department.

Plan of Correction ***Accept***

3/9/2022 Leadership team will verify during daily stand-up meeting that all reportable incidents were reported or are scheduled to be reported into the Department of Human Service within the 24hour required timeframe.

4/30/2022 The Executive Director conducted a training with all staff persons on requirement to report incidents to Department of Human Services within a 24-hour time frame. This training included the types of incidents required to be reported.

4/11/2022 The POC 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.

Completion Date: *04/30/2022* *Licensee's Proposed Date of POC Implementation*

Implemented 9/9/22 CM

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

On 03/06/22, at 4:40pm, resident #3's glucometer read 264. Resident #3's medication administration record was documented as 284.

Plan of Correction ***Accept***

3/28/2022 Sr. RCD updated residents record to include the correct accucheck documentation.

3/16/2022 Sr. RCD re-educated the specific medication care manager on the process of correctly documenting accuchecks and verifying that each glucometer is correctly calibrated prior to using.

3/9/2022 Sr. RCD completed an audit of the glucometers to verify accucheck

185a - Implement Storage Procedures (continued)

readings are being properly recorded. If any concerns are identified, they will be corrected, and a refresher training will be provided.

4/1/2022 and ongoing During weekly cart audits, Wellness nurses or Medication Care Managers will verify accucheck readings are properly recorded. RCD or designee will check verify accuracy of accucheck during monthly cart audits.

4/11/2022 and ongoing 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.

Completion Date: *04/11/2022* *Licensee's Proposed Date of POC Implementation*

Implemented 9/9/22 CM

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed NovoLOG FlexPen 100 unit/ml on a sliding scale 4 times a day at 8:00am, 12:00pm, 4:00pm, and 8:00pm. The instructions state to call the physician if the resident's blood sugar reading is less than 60 or greater than 410 and that if the blood sugar reading is greater than 410, to administer the maximum sliding scale dose of 9 units (only if the resident eats).

On 03/08/22 at 4:28pm resident #3's blood sugar was 452. The NovoLOG was withheld and no insulin was administered. There are no notes to explain why the medication was withheld. The physician was not notified of the glucometer reading.

On 03/06/22 at 7:56 am, resident #3's blood sugar was 50. The physician was not notified of the glucometer reading.

Resident #3 is prescribed Glucagen Hypokit 1mg Vial - Inject 1 gram intramuscularly by a nurse as needed for low blood sugar when the resident's blood sugar is less than 60 and the resident is symptomatic. On 03/06/22 at 7:56am, resident#1's blood sugar level was 50. This medication was not administered. There are no notes to explain why the medication was withheld.

Plan of Correction ***Accept***

The day documented on the violation report was incorrect. This correct date was 3/7/2022. The violation report states insulin was not administered; however, it is documented in a progress note at 16:35 due to high parameters.

3/9/2022 Sr. RCD re-educated specific Medication Care Manager of notifying physician per physician orders. Specific Medication Care Manager was also re-educated on documenting if the residents eats [redacted] meal per physicians order.

3/16/2022 Sr. RCD re-educated Medication Care Managers about notifying physicians when parameters are not within limits. Medication Care Managers have also have been re-educated on documenting if the resident eats [redacted] meal per physicians order.

187d - Follow Prescriber's Orders (continued)

3/16 and ongoing Sr. RCD will conduct weekly audits to ensure accucheck readings that were outside of the parameters were identified and reported to the physician promptly.

4/11/2022 and ongoing The POC 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.

Completion Date: *04/11/2022* *Licensee's Proposed Date of POC Implementation* Not Implemented 9/9/22 CM

188b - Medication Error Reporting

1. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed Glucagen Hypokit 1mg Vial. This medication is to be administered if the resident's blood sugar reading is below 60. On 3/06/2022 at 7:56am, the resident's blood sugar level was 50. The medication was not administered. There were no notes to explain why the medication was withheld. The medication error was not reported to the resident, resident's designated person, or the prescriber.

Plan of Correction ***Accept***

3/31/2022 Medication error was reported to the Department of Human Services.

3/16/2022 The RCD provided re-educated Wellness team and Medication Care Managers on immediately reporting all medication errors to the resident, resident's family, and prescriber.

3/9/2022 Leadership team will verify during daily stand-up meeting that any medication errors were reported to the resident, resident's family, and prescriber.

4/11/22 and ongoing The POC 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.

Completion Date: *04/11/2022* *Licensee's Proposed Date of POC Implementation* Implemented 9/9/22 CM

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SUNRISE SENIOR LIVING OF DRESHER* **License #:** *12841* **License Expiration:** *03/06/2023*

Address: *1650 SUSQUEHANNA ROAD, DRESHER, PA 19025*

County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** *2152831123* **Email:** [redacted]

Legal Entity

Name: *HCRI SUN III TENANT LP*

Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*

Phone: *2152831123* **Email:** [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *91* **Waking Staff:** *68*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Monitoring* **Exit Conference Date:** *06/06/2022*

Inspection Dates and Department Representative

06/06/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* **Residents Served:** *55*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Reminiscence* **Capacity:** *30* **Residents Served:** *14*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *54*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *3*

Have Mobility Need: *36* **Have Physical Disability:** *0*

Inspections / Reviews

06/06/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/26/2022*

06/28/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/29/2022*

187a - Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
8. Frequency of administration.
10. Duration of therapy, if applicable.

Description of Violation

Resident #1's prescription for Vitamin D3 dated 04/18/2022 read 'start Vitamin D3 50,000 IU one capsule weekly for 8 weeks and then discontinue it and start Vitamin D3 2000 IU daily' while the resident's April and May medication administration records (MAR) read 'Vitamin D3 1.25 mg (50,000 UT) one capsule by mouth in the morning for supplement for 8 weeks'.

Plan of Correction ***Accept***

5-6-2022 A new order for daily dose of 2000 units of vitamin D was prescribed by physician. Order was entered by Wellness Nurse in the Electronic Medication Administration Record (EMAR) and verified for accuracy by Resident Care Director.

5-6-2022 The Executive Director (ED) and Resident Care Director (RCD) met with the Wellness Nurse (WN) and provided education on importance of ensuring orders are entered accurately in the EMAR.

5-6-2022 The ED and RCD Educated the wellness nurses on the checking orders upon entry to confirm the written orders match EMAR.

5-6-2022 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.

Completion Date: *06/22/2022* *Licensee's Proposed Date of POC Implementation*

Not Implemented 9/9/22 CM

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Vitamin D3 1.25 mg (50,000 UT) weekly for 8 weeks on 04/18/2022. However, the resident was administered Vitamin D3 1.25 mg (50,000 UT) daily for 18 days from 04/19/2022 till 05/06/2022.

Plan of Correction ***Accept***

5-6-202 Resident was immediately evaluated for possible negative reaction from medication. Resident, family, and Physician were also notified immediately of medication error.

7-1-2022 Over the next 30 days, weekly audit will be completed to verify accuracy of written orders to orders transcribed in the EMAR to minimize reoccurrence of medication errors.

187d - Follow Prescriber's Orders (continued)

5-6-2022 The Executive Director (ED) and Resident Care Director (RCD) met with the Wellness Nurse (WN) and provided education on importance of ensuring orders are entered accurately in the EMAR. Physician prescribed a new order for daily dose of 2000 units of vitamin D.

6-22-22The 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.

Completion Date: 06/22/2022 *Licensee's Proposed Date of POC Implementation*

Not Implemented 9/9/22 CM