

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

January 18, 2023

[REDACTED]
HCRI SUN III TENANT LP
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: HCRI SUN III TENANT LP

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 97 **Waking Staff:** 73

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/27/2022

Inspection Dates and Department Representative

07/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 105 **Residents Served:** 61

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

07/27/2022 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/12/2022

Inspections / Reviews *(continued)*

12/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/12/2022

01/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

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 [REDACTED] 22, at approximately [REDACTED] am, staff person A observed bruising on resident 1's face around [REDACTED] left eye, down [REDACTED] face through [REDACTED] neck area and [REDACTED] right arm. Staff person A reported the bruising to staff person B [REDACTED]. Staff person B stated "it looks old". No care was given to resident 1 at that time [REDACTED]. Staff person A reported the bruising again around 6:00 am to staff person C [REDACTED]. Staff person C did not respond to staff person A, [REDACTED].

At approximately 9:00 am, [REDACTED]. While staff person D was assisting resident 1 to breakfast they observed the bruising and reported it to staff person E. The resident was assessed by staff person F and sent for breakfast. After breakfast the resident began to vomit blood. Staff person C then called staff person F to send the resident out to the hospital via ambulance. The resident was diagnosed with a T-12 compression fracture.

POC Submission

Accept

[REDACTED] 2022 The resident was assessed by wellness nurse and transferred to the emergency room for further evaluation.

9-3-2022 The Resident Care Director (RCD) is providing education and training on steps to take if a discoloration is discovered on a resident. Staff members are to report skin issues/dyscolorations to wellness department for evaluation.

7-27-2022 The Executive Director conducted a training with all staff persons on conducting proper cross over at the start of each shift and timely reporting of resident care concerns.

7-27-2022 and ongoing The leadership team will maintain daily communication with team members to ensure resident care concerns are assessed by the wellness department.

8-23-2022 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.

Licensee's Plan Completion Date: 09/30/2022

Implemented ([REDACTED] - 12/30/2022)