

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 10/06/2022, 10/07/2022, 10/13/2022, 10/14/2022, 10/18/2022 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      **Licen e #:** 12841      **Licen e 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:** 04/26/2006      **Issued By:** CWOPA L&I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 92      **Waking Staff:** 69

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 10/18/2022

## Inspection Dates and Department Representative

10/06/2022 - On-Site: [REDACTED]

10/07/2022 - Off-Site: [REDACTED]

10/13/2022 - Off-Site: [REDACTED]

10/14/2022 - Off-Site: [REDACTED]

10/18/2022 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**Licen e Capacity:** 105      **Re ident Served:** 60

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** reminence      **Capacity:** 30      **Re ident Served:** 15

## Hospice

**Current Re ident :** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 57  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 32      **Have Physical Disability:** 0

## Inspections / Reviews

10/06/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/07/2022*

11/18/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *12/29/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *12/09/2022*

11/30/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *12/29/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *12/05/2022*

01/18/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *12/29/2022*  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

## 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 [REDACTED] 2022, for resident 1 indicates the resident requires assistance with [REDACTED]. On [REDACTED]/2022, the resident did not receive this assistance as required.

## Plan of Correction

Accept (MJ - 11/18/2022)

10/17/22 Resident 1 was re-assessed, and the assessment and support plan updated and aligned to reflect the resident's current [REDACTED] needs.

12/8/22 The Personal Care Coordinator with a Wellness team member are reviewing resident support plans for resident who reside in personal care, to verify there are no discrepancies between the assessment and support plan.

11/16/22 The Executive Director provided training to the Wellness Nurse and Care Coordinator on the process of reviewing the assessments and support plans for consistency and accuracy of content for resident services.

11/16/22 Upon a resident change in condition the Care Coordinator or Wellness team member will complete an updated assessment and support plan. The Coordinators will review the assessment and support plan to verify consistency and accuracy of content for resident services.

11/30/22 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 Proposed Overall Completion Date: 12/08/2022

Implemented [REDACTED] - 12/30/2022)

## 42b - Abuse

## 2. 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] 2022 at around [REDACTED] pm, Resident 1 waited for 2 hours, 2 minutes, 31 seconds for a staff person to come assist them to the bathroom for toileting and to get dressed and ready for bed.

On [REDACTED] 2022 at around [REDACTED] pm, Resident 2 waited for 39 minutes, 43 seconds when they pressed the call pendant for a fall off of their bed.

## 42b - Abuse (continued)

**Plan of Correction****Accept (█ - 11/18/2022)**

11/11/22 The Executive Director met with Resident #1. The resident did not recall the event and did not have any adverse effects.

10/3/22 The date listed for the incident of resident #2 was █/22, not the date listed on the violation report. Resident #2 was re-assessed on █/22 and did not have any adverse effects.

10/31/22 Staff person who cared for resident #1 and #2 on 10/2/22 were agency staff. Community stopped utilizing services of both agency staff persons.

10/19/22 The Executive Director provided education to community staff during the Town Hall meeting on the importance of providing care to resident as reflected in the support plan and responding to emergency call bells timely.

10/25/22 The Care Coordinators provided additional training with care staff on the importance of responding to resident emergency call bells in a timely manner and providing assistance as needed. Care staff was also trained on how to utilize the call bell system.

10/7/22 The Care Coordinators met with the Lead Care Managers to review the expected process that after each shift the Lead Care Managers review the emergency call bell report to verify that request are being responded to timely. Any discrepancies are reported to the Care Coordinators for additional follow-up.

10/8/22 The Care Coordinators report on call bell response times and action taken during the daily morning meeting.

11/30/22 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 Proposed Overall Completion Date: 11/30/2022****Implemented (█ - 12/30/2022)**