

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

January 24, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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 11/07/2022, 11/08/2022, 11/10/2022 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]

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:** 98 **Waking Staff:** 74

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 11/10/2022

Inspection Dates and Department Representative

11/07/2022 On Site: [REDACTED]

11/08/2022 On Site: [REDACTED]

11/10/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 105 **Residents Served:** 62

Secured Dementia Care Unit

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

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

11/07/2022 - Full

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

Inspections / Reviews (*continued*)

12/09/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/23/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/04/2023

01/18/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/23/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/23/2023

01/24/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/23/2023

Reviewer: [REDACTED] 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

On [REDACTED], resident#1's sister informed the home that a friend of the family that comes to Sunrise Senior Living at Dresher to visit is exploiting [REDACTED] financially. The home did not submit an incident report to the Department.

Plan of Correction

Accept [REDACTED] 12/09/2022)

11-21-22 Reportable was submitted to Department of Human Service based on the report which had had been made to Montgomery County Area Agency on Agency on 10-21-22.

11-21-22 Audit was conducted of any reported incidents to Montgomery County Area Agency on Aging to ensure all incidents had also been reported to DHS.

11-19-22 Leadership team will maintain frequent communication daily with team members and residents to ensure reportable incidents are not missed.

11/22/22 Leadership team were educated about reportable identifying reportable incidents. 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.

12/28/22 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: 12/28/2022

Implemented [REDACTED] - 01/18/2023)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired on [REDACTED], did not have a criminal background check.

Plan of Correction

Accept [REDACTED] - 12/09/2022)

[REDACTED] Staff person A's criminal background check was completed prior to hire date of [REDACTED] (see attached).

12/30/22 Business Office Coordinator or designee will complete audit of team member files to hired between 11/2021 and 7/2022 in the absence of a Business Office Coordinator ensure criminal background check is completed.

11/28/22 Executive Director will educate Business office Coordinator on necessary paperwork needed for team

51 Criminal Background Check (continued)

member files. Business office Coordinator will ensure all staff persons have necessary paperwork in TM file prior to onboarding.

ongoing Review team member hires which occurred for the week at Weekly Department Coordinator Meeting and ensure paperwork has been completed.

12 28 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: 12/30/2022

Implemented [redacted] - 01/24/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 12/09/2022)

11 29 22 Staff member A completed fire safety training.

12/15/22 Business Office Coordinator or designee will complete audit of team member files hired between 11/2021 and 7/2022 in the absence of a Business Office Coordinator to ensure all team members have completed fire safety trainings on day 1. If it is determined other team members hired in during this period have not completed fire safety trainings, the staff member will complete fire safety training immediately.

65a FS Orientation 1st Day (continued)

12/15/22 Business Office Coordinator and Leadership staff members will be trained on how to complete fire safety training in the event the Maintenance Coordinator is not present to complete fire safety training on first day of onboarding.

12/15/22 Department Coordinators were educated on requirements/ regulations of each team member completing fire safety training on day 1.

ongoing Review team member hires which occurred for the week at Weekly Department Coordinator Meeting and ensure training was completed.

12 28 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: 12/28/2022

Implemented [redacted] - 01/24/2023)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department approved direct care training course.

Plan of Correction

Accept [redacted] - 12/09/2022)

12 2 22 Staff person A completed direct care competency course and passed the competency test.

12 30 22 Business Office Coordinator or designee will complete audit of team member files hired between 11/2021 and 7/2022 in the absence of a Business Office Coordinator to ensure all team members have successfully completed direct care course.

12 15 15 Department Coordinators were educated on requirements/ regulations of direct care staff successfully completing direct care course prior.

12 15 22 Review team member hires which occurred for the week at Weekly Department Coordinator Meeting and ensure training was completed.

12/28/22 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: 12/30/2022

65d - Initial Direct Care Training (*continued*)*Implemented (█) - 01/24/2023)*

103i - Outdated Food

5. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation*There was an unlabeled, undated, bowl of fruit that was found in the reminiscence area (memory care) on top of the food warmer in the kitchen.***Plan of Correction***Accepted (█) - 12/09/2022)**11/8/22 The undated and unlabeled bowl of fruit on the food warmer in the memory care area was immediately removed and discarded.**11/8/15 Need to include audit was completed of neighborhood to ensure all other items were labeled and dated.**12/2/22 The DSC and neighborhood coordinator will provide training to staff on food needing to be dated and labeled being stored, prepared, transported, and served.**11/8/22 and ongoing The DSC and/or designee will complete daily walk through to verify food is being dated and labeled in accordance with regulation.**12/28/15 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur.***Licensee's Proposed Overall Completion Date:** 12/28/2022*Implemented (█) - 01/18/2023)*

109b - Rabies Vaccination

6. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation*On 11/10/12, a cat belonging to a resident was present at the home. The home does not have a current certificate of rabies vaccination for the cat.***Plan of Correction***Accepted (█) - 12/09/2022)**11/12/22 Cat belonging to the resident was vaccinated, and the vaccination record was provided to the community.**11/8/22 An audit of pet vaccination records was completed. All resident pets have up to date vaccination.**11/8/22 Director of Sales and leadership team were educated on the requirements for all resident pets to have up to date vaccination record prior to living in the community.*

109b - Rabies Vaccination (continued)

11/12/22 and ongoing Business office Coordinator and Concierge will maintain updated vaccination record by notifying resident and family before vaccination record expire.

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented () - 01/18/2023

132a - Monthly Fire Drill

7. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of February 2022.

Plan of Correction

Accept () - 12/09/2022

3/1/22 Two fire drills were conducted in March. March 1st at 3:20pm and 3/29/22 at 10:40am.

11/8/22 Executive Director educated Maintenance coordinator on the importance of completing fire drills once a month in accordance with the regulation. Fire drills cannot be made up in another month once it is missed in the month it is scheduled to be held.

12/30/22 Executive Director and Maintenance Coordinator will continue to ensure community remains in compliance with fire drills during sleep hours. This will be discussed during weekly leadership meeting.

12/22/22 In the event the Maintenance Coordinator is unavailable to complete a fire safety drill, Executive Director and leadership team will be trained on how to conduct unannounced fire drill.

12/28/22 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is 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: 12/28/2022

Implemented () - 01/18/2023

132e - Fire Drill Sleeping Hours

8. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 12/29/21 at 11:15pm.

Plan of Correction

Accept () - 12/09/2022

6-22-22 Fire drill was held during sleeping hours on 6/28/22 at 11:40pm (see attached).

132e - Fire Drill Sleeping Hours (continued)

12/20/22 Second overnight fire drill for the year is scheduled to occur in December 2022.

ongoing Community will continue to maintain compliance with conducting two fire drills every six months during sleep hours.

ongoing Executive Director and Maintenance Coordinator will continue to ensure community remains in compliance with fire drills during sleep hours. This will be discussed during weekly leadership meeting.

12/28/22 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is 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: 12/28/2022

Implemented () - 01/18/2023)

132g - Fire Drills Days/Times

9. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills during the last few days of the month: 9/30/21, 10/28/21, 11/30/21, 12/29/21, 3/29/22, 4/29/22, 5/31/22, 8/30/22, 10/27/22.

Plan of Correction

Accept () - 12/09/2022)

11/11/22 Fire drill for the month of November was conducted earlier in the month on a different day.

11/14/22 Maintenance Coordinator will maintain a calendar schedule for upcoming fire drill. Calendar will help ensure fire drills are scheduled on different days of the week at different times of the day and night.

12/15/22 In the event the Maintenance Coordinator is unavailable to complete a fire safety drill, Executive Director and leadership team will be trained on how to conduct unannounced fire drill.

12/28/22 During monthly QAPI meeting, the Executive Director will review fire drill has occurred on different date that month prior.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is 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: 12/28/2022

Implemented () - 01/18/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #2's [REDACTED] tablet instructs to take 2 tablets twice a day. However, the instructions on the medication administration record state to take 1 tablet once a day.

Plan of Correction

Accept [REDACTED] - 12/09/2022)

11/8/22 Dosage change sticker was placed on resident #2's [REDACTED] on the blister pack.

11/14/22 Medication cart audit for the memory care neighborhood was conducted to ensure dosage on pharmacy label match medication administration record dosage.

12/15/22 and ongoing Weekly medication cart audit will include reviewing dosage on pharmacy label and ensuring this matches the medication administration record dosage. Resident Care Director and/or Wellness Nurse designee will review medication cart audits and verify any identified issues had been corrected.

12/28/22 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is 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: 12/28/2022

Implemented [REDACTED] - 01/24/2023)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] 12/09/2022)

[REDACTED] Resident #2's signature was obtained on support plan signature page. Responsible party was unavailable at the time of meeting, a copy of resident care plan and signature page was mailed to responsible party.

11/9/22 The ED reviewed the procedure to be followed with the Neighborhood Coordinators for obtaining signatures and dates for those that participated in the development of the support plan.

12/30/22 The Neighborhood Coordinator will complete and audit of resident support plan to ensure residents signature is obtained on signature page.

Ongoing At Weekly Department Coordinator family meetings which occurred for the week at will be reviewed to ensure signature is in place.

227g -Support Plan Signatures (continued)

12/28/22 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is 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: 12/28/2022

Implemented () - 01/24/2023)

233c - Key-Locking Devices

12. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). The exit located on the 3rd floor near room 329-A did not have directions for operating the home's locking mechanism.

Plan of Correction

Accept () - 12/09/2022)

11/7/22 Instructions for use of magnetic locking device on 3rd floor exit located near room 329-A was immediately posted.

11/7/22 All doors with magnetic locking device in the secured dementia unit were checked to verify instructions for use were conspicuously posted.

11/8/22 Leadership team was educated about requirement/ regulation that instructions to all doors with magnetic locking device in the secured dementia unit should be posted at all times.

Executive director and leadership team will check to ensure codes and instructions in the secure dementia unit remain posted in a conspicuous manner during daily rounds.

12/28/22 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: 12/28/2022

Implemented () - 01/18/2023)