

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

May 16, 2024

[REDACTED], VICE PRESIDENT OF RESIDENT CARE
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 03/18/2024, 03/19/2024, 04/24/2024 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: 03/06/2025
Address: 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [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: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/24/2024

Inspection Dates and Department Representative

03/18/2024 - On-Site: [Redacted]
03/19/2024 - On-Site: [Redacted]
04/24/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 105, Residents Served: 56), Secured Dementia Care Unit (In Home: Yes, Area: Reminiscence, Capacity: 30, Residents Served: 12), Hospice (Current Residents: 8), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 55, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 1, Have Mobility Need: 22, Have Physical Disability: 1).

Inspections / Reviews

03/18/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2024

Inspections / Reviews *(continued)*

05/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2024

05/16/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during the training year 2023:

1. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
2. Safe management techniques.

Plan of Correction

Accept ([redacted] - 05/09/2024)

- A) On 04/30/24 The Resident Care Director educated direct care staff member D.C. on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and safe management techniques. This team member is currently in compliance with annual training topics.
- B) On 04/30/24 an audit was completed by the business office coordinator of active direct care staff regarding specific topics identified in 65f. As of this date, direct care staff are in compliance.
- C) On 04/30 and ongoing Executive Director and Business Office Coordinator will conduct bi-weekly audits for new hire direct care staff to ensure completion of all required trainings prior to being placed on the floor to ensure they are in compliance.
- D) Starting 5/16/24 and quarterly for 2 QAPI meetings, the plan of corrections and audits will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Proposed Overall Completion Date: 05/16/2024

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented ([redacted] - 05/16/2024)

181d -Storing Medication

2. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d Storing Medication (continued)

Description of Violation

Resident 1 self administers medications and stores medications in his/her room. On 4/24/24 at 10:30am, there were three unlocked, unattended medication bottles on top of Resident 1's bedroom dresser, and the door was not locked at the time.

Plan of Correction

Accept ([redacted] - 05/09/2024)

A) On 4/24/2024 The Executive Director met with resident 1, to ensure he had a secure /lockable place for [redacted] meds to be stored, which [redacted] did. On the same date, the Executive Director re educated this resident on the importance of locking his door when not in his room or keeping his meds in a safe and secure location to protect against contamination, spillage and theft.

B) On 4/24/2024 Resident Care Director completed an audit of resident rooms that are identified as self administer residents to ensure medications were stored in a locked/secure location.

C) Resident Care Director will conduct a monthly medication audit during monthly wellness visit to ensure the proper storage of medications to be locked in a safe and secure location for those residents that are identified as self administration.

D) Starting 5/16/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting. to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Proposed Overall Completion Date: 05/16/2024

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented ([redacted] - 05/16/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The directions for Resident 2's [redacted] had been changed from "give [redacted] by mouth every 4 hours as needed for [redacted]" to "give [redacted] by mouth every 6 hours as needed for [redacted]". However, the change was not indicated on the medication container.

The directions for Resident 2's [redacted] had been changed from "give [redacted] by mouth or under the tongue every 3 hours as needed for [redacted]" to [redacted] by mouth every 2 hours as needed for pain or SOB". However, this change was not indicated on the medication container.

The directions for Resident 3's [redacted] tablet had been changed from "take one tablet by mouth every 8

184a - Resident's Meds Labeled (continued)

hours" to "give 1 tablet by mouth at bedtime every Mon, Wed, Fri related to essential [REDACTED]". However, this change was not indicated on the blister pack.

The directions for Resident 4's [REDACTED] had been changed from "take 1 tablet by mouth or under the tongue every 6 hours as needed for excess secretion" to "give 1 tablet by mouth every 4 hours as needed for secretions". However, this change was not indicated on the blister pack.

Plan of Correction

Accept [REDACTED] - 05/09/2024)

A) On 4/24/24 The Resident Care Director applied a change of direction sticker to the original container / blister pack for prescription medications indicating a change for resident 2's [REDACTED] and [REDACTED] and resident 4's [REDACTED]

B) On 4/24/24 The Resident Care Director conducted an audit of medications to ensure all labels matched the MAR.

C) On 4/30/24 The Resident Care Director educated med techs and wellness nurses on the three checks and the five rights to ensure all meds match the MAR. The Resident Care Director will conduct a monthly medication audit to ensure all labels match the Medication Administration Record.

D) Starting 5/16/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 05/16/2024

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] - 05/16/2024)

227d - Support Plan Medical/Dental**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 4/24/24, a bedside mobility device was present on Resident 5's bed to assist them with turning and repositioning. However, Resident 5's assessment and support plan, dated [REDACTED], does not indicate the following:

- Any risks associated with the device.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

On 4/24/24, a bedside mobility device was present on Resident 6's bed to assist with transferring in and out of bed. However, Resident 6's assessment and support plan, dated [REDACTED] does not indicate the following:

- Any risks associated with the device.
- The resident's ability to use the device safely for the purpose it was intended.

227d - Support Plan Medical/Dental (continued)

- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

On 4/24/24, a bedside mobility device was present on Resident 7's bed for turning and repositioning. Resident 7's assessment and support plan, dated 1/24/24, does not indicate the resident's need for such a device and how this need will be addressed.

Plan of Correction**Accept ([REDACTED] - 05/09/2024)**

- A) On 4/24/24 The Resident Care Director updated the support plans for residents 5, 6 and 7 as identified to reflect the specific need for the use of the bedside assertive device (Halo), the intended use, the risks associated with the device and the resident's ability to use the Halo device.
- B) On 04/26/24, The Resident Care Director conducted an audit to ensure all residents utilizing a bedside assertive device have support plans that accurately reflects the safe bedside mobility regulatory requirements.
- C) On 04/30/24 Executive Director educated Resident Care Director RN & LPN Wellness nurses, Personal Care Coordinator and Resident Care Coordinator on the regulatory requirements for the use of bedside mobility devices to ensure new residents that require a bedside device have a service plan that reflects the specific need for the device, the intended use, any risks associated with the device, and the residents ability to use the device safely for the intended purpose.
- D) Starting 5/16/24 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 05/16/2024

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented ([REDACTED] - 05/16/2024)