

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

May 16, 2025

[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 03/12/2025, 03/13/2025 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] 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: *Upper Dublin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *03/13/2025*

Inspection Dates and Department Representative

03/12/2025 - On-Site: [REDACTED]
 03/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *53*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *30* Residents Served: *13*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

03/12/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2025*

04/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/23/2025*

Inspections / Reviews *(continued)*

05/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 03/13/2025 at 09:53 AM, there was an unattended, uncovered trash can half-full of food waste in the main kitchen. Meals were not being prepared or cleaned during this time.

Plan of Correction

Accept ([redacted] - 04/07/2025)

A) On 03/12/25 The Director of Dining Services immediately placed a lid on the trash can that was in the kitchen prep

B) On 3/13/25 The DDS walked through the kitchen to ensure all trash receptacles were covered.

C) On 03/13 & 3/14/25 The Director of Dining Services re-educated the dining staff on the importance of keeping the trash cans in the kitchen prep area covered when not being used to scrap plates- otherwise covers should be on at all times to prevent the penetration of insects and rodent. On this date, all was in compliance.

D) On 03/31 /25 and ongoing Director of Dining Services will conduct weekly audits of the kitchen to ensure all trash cans not in use have lids on them to ensure community is in compliance.

E) Starting 4/24/25 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.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([redacted] - 05/16/2025)

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 03/13/2025 around 09:30 AM, the home's emergency food was stored on the floor.

Plan of Correction

Accept ([redacted] - 04/07/2025)

A) On 03/12/ 25 Emergency food was placed on a pallet in the storage closet.

B) On 3/13/2025 The Executive Director re-educated the Director of Dining Services and the dining staff that all food shall be stored off the floor.

C) On 03/31/25 and ongoing Director of Dining Services will conduct bi-weekly audits of the kitchen to ensure emergency food and other food items are stored off the floor.

D) Starting 4/24/25 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

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([redacted] - 05/16/2025)

109b - Rabies Vaccination

3. 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 03/12/2025, a cat was present on the home's 3rd floor. The home does not have a current certificate of rabies vaccination for this cat; the certificate present in the file expired on 07/31/2024.

Plan of Correction

Accept (█) - 04/07/2025)

- A) On 3/12/25 The Executive Director contacted the family member of the resident that had a pet cat regarding the vaccinations being out of date. An appointment was made and the cat has been vaccinated.
- B) On 3/14/2025 The executive director re-educated the Activities Coordinator/Concierge of the regulation regarding pets within the community shall have a current rabies vaccination
- C) On 03/28/25 The Activities Director conducted an audit of to that cats and dogs present at the home shall have a current rabies vaccination
- D) Starting 4/24//25 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.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented (█) - 05/16/2025)

132f - Alternate Exit Routes

4. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Stairwell A and C were the only exit routes used during the fire drills held from April through June 2024.

Plan of Correction

Accept (█) - 04/07/2025)

- A) On 3/17/2025m the Executive Director and the maintenance Coordinator reviewed the regulation for alternate exit routes during fire drills. Re-educating the importance of varying the location of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios.
- B) On 03/31/2025 The Executive Director completed an audit of the scheduled monthly fire drills for the remainder of the year to ensure the community will be in compliance with varying the location of the fire and the exit routes
- C) Starting 4/1/2025 and ongoing, the Director of Maintenance will review prior months fire drills conducted to plan alternate exit routes, varying day of the week, difference shifts and alternate routes.
- D) Starting 4/42/25 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

Licensee's Proposed Overall Completion Date: 04/21/2025

132f - Alternate Exit Routes *(continued)*

Implemented (█) - 05/16/2025

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 03/13/2025, resident #1's Lorazepam 0.5 mg blister card with a discard-after date of 03/03/2025 was still in the home's medication cart.

At approximately 11:10 AM, a small, pink, oblong pill identified as Lisinopril was found loose in the 3rd floor PC medication cart.

Plan of Correction

Accept (█) - 04/07/2025

A) On 3/13/2025, RCD immediately disposed of expired Lorezapam. RCD immediately removed and safely discarded pink pill that was found in the 3rd floor PC cart.

B) On 3/13/2025 The Resident Care Director conducted an audit of the med carts to ensure that all medications in the carts are stored within manufacturers instructions, including within date of expiration. RCD also ensured no loosed pills were found the carts.

C) On 03/18/2025 The Resident Care Director educated the Med techs and the wellness nurses on the importance of removing discard- after-date blister cards from the med carts and ensuring that no loose pills are in the medications carts.

D) On 3/31/25 and ongoing The Resident Care Director/Wellness Nurse will conduct weekly audits of medications carts for 3 months to ensure there are no discard-after-date blister cards or loose pills in the med carts.

E) Starting 4/24/25 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.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented (█) - 05/16/2025

185a - Implement Storage Procedures

6. 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

Resident #1 is prescribed Lorazepam 0.5 mg every six hours as needed. The home's medication administration record shows this medication as administered on 03/02/202 at 07:02 PM. However, this medication was not signed out on the home's controlled medication utilization record.

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept (█) - 04/07/2025)

A) RCD immediately verified that the Ativan was not administered, but was signed out the MAR. RCD confirmed that morphine was administered, and Ativan was signed out on the MAR. Morphine was signed out in the narcotic count sheet.

B) 3/13/25 RCD reviewed controlled medication records in all medication carts to ensure that all narcotics are correctly signed out and accounted for.

C) On 3/18/25 The Resident Care Director educated med techs and wellness nurses to ensure all medication administered are also signed out in the controlled utilization record.

D) On 3/31/25 and ongoing the Resident Care Director will conduct a weekly medication audit for 3 months to ensure all controlled utilization records matches the Medication Administration Record and all meds are signed out and administered correctly.

E) Starting 4/24/24 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.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented (█) - 05/16/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Morphine 0.25 ml every three hours as needed. The controlled medication log for the this medication indicates that it was signed out on 03/02/2025 at 07:00 PM. However, resident #1's March MAR does not include the initials of the staff person who administered the morphine on 03/02/2025 at 07:00 PM.

Resident #2 is prescribed Novolog insulin based on a sliding scale: 201~250 3 units, 251~300 4 units, and etc. The resident's blood sugar level was 226 on 03/01/2025 at 11:58 AM, requiring 3 units. However, the resident's March medication administration record (MAR) did not indicate the number of units administered. The home added the entry on 03/13/2025 at 11:20 AM after this omission was identified by the department representative.

Plan of Correction

Accept (█) - 04/07/2025)

A) On 3/13/2025 RCD immediately verified that Morphine was administered and the MCM documented the administration. RCD verified that the Novalog was administered as ordered per sliding scale. 3 units.

B) RCD reviewed MAR's to ensure that all narcotics were administered, signed out in the countdown log, and documented accurately and timely. RCD conducted an audit of insulin administration in the community and ensures that all were documented accurately and accurately and timely

C) On 3/31/25and ongoing the Resident Care Director will conduct medication MAR to Cart audits bi-weekly for 3 months to ensure that all medications are recorded at the time the medication is administered.

D) Starting 4/24/25 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

187b - Date/Time of Medication Admin. (continued)

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.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([redacted]) - 05/16/2025

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On 01/28/2025 around 02:20 PM, resident #2 alleged a sexual assault against self after watching a television program involving this content. The assessment and support plan for the resident, dated [redacted] indicates the resident has no need for hallucinations or orientation. The home has not completed an additional assessment with these changes in orientation/hallucination.

Plan of Correction

Accept ([redacted]) - 04/07/2025

A) On 3/13/25 The Resident Care Director updated the support plans for the resident identified to reflect the support services made available after a behavioral incident as noted.

B) On 03/14 /25, The Resident Care Director conducted an audit to ensure all residents support plans have been updated as needed when an incident occurred.

C) On 03/27/25 The Resident Care Director reeducated the RN & LPN Wellness nurses, Personal Care Coordinator and Resident Care Coordinator regarding the documentation in the resident's support plan the medical, 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.

D) Starting 4/24/25 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

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([redacted]) - 05/16/2025