

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORSUN TENANT, LP

LEGAL ENTITY

To operate SUNRISE ASSISTED LIVING OF DRESHER

NAME OF FACILITY OR AGENCY

Located at 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 105
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 23, 2010 until June 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128410

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUN 09 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. David Haddock, Vice Pres., & Secretary
MorSun Tenant, LP
7900 Westpark Drive, T-900
McLean, Virginia 22102

RE: Sunrise Assisted Living of Dresher
1650 Susquehanna Road
Dresher, Pennsylvania 19025

Dear Mr. Haddock:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sunrise Assisted Living of Dresher, 1650 Susquehanna Road, Dresher, Pennsylvania 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010	REGIONAL REPRESENTATIVE Michael Palermo, Jaime Erb, Lynn Loudenslager		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Marianne Basham Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marianne Basham</i>	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 6/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The contracts for residents # 1, # 2 and # 3 did not include information about the rent rebate program. PCH Division Central Region Field Office MAY 24 2010 RECEIVED	6/4/10	Contracts for Residents #1, 2, & 3 now include a copy of "Exhibit 9," 55.Pa.Code 2600.25 (d) Rent Rebates, signed by each Resident. We mailed a letter to each Resident's Responsible Party, requesting their signature. The letter includes a brochure explaining the rent rebate program, a copy of Exhibit 9 for their signature, and a postage paid return envelope. (See attached A, A1,B,B1,C,C1, D,D1,D2,D3) The Director of Community Relations (DCR) and Executive Director (ED), along with the Reminiscence Coordinator (RC), and the Assisted Living Coordinator (ALC) completed an audit of all current administrative files on 5/25/10 to ensure all files contain a signed copy of Exhibit 9. The DCR or ED will review the administrative file for each new admission with the RC or ALC to make sure the violation will not occur again.	Steps have been taken to correct violation; full compliance is not yet verified. <i>6/1/10</i> <i>CB</i> Date Initials

Please Note: Response to the cited violations does not constitute an admission or agreement by Sunrise of Dresher of the facts alleged or conclusions set forth in this violations report. The plan of correction is prepared solely as a matter of compliance with Federal/State law.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Sunrise Assisted Living of Dresher, 1650 Susquehanna Road, Dresher, Pennsylvania 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Michael Palermo, Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marianne Goshorn</i>	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 6/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION {include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur}	5 DATE COMPLIANCE VERIFIED BY DPW
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults), and 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Staffs A, B, C and D from Crossroads Hospice Agency worked in the home during the current calendar year 2010. The home did not have criminal history checks on these staff. Also, the home did not have a criminal history check on the beautician, who works in the home unsupervised.	6/4/10	The Executive Director (ED) contacted Crossroads Hospice on 4/29/2010 and spoke to their ED. All Criminal History Checks for Staff A, B, C, and D from Crossroads Hospice Agency were received, and have been placed in the Credential Binder located in the office of the ED. (See attached E,E1,E2,E3,E4, and E5) Criminal History Checks for the beautician who works in the home were also received and have been placed in the Credential Binder located in the office of the ED. (See attached F,F1,F2, and F3) The Health Care Coordinator (HCC) or ED, along with the Business Office Coordinator (BOC) will review current files to ensure that any employees of a contract agency have provided us a copy of their criminal history checks, and will meet with any new employees of a contract agency as they enter the community, to make sure the violation will not occur again.	6/6/10 <i>CB</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sunrise Assisted Living of Dresher, 1650 Susquehanna Road, Dresher, Pennsylvania 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Michael Palermo, Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marianne Bohan</i>	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 6/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	The medication administration record (MAR) for resident # 4 was not initialed for the 8 PM dose of Methadone, 5 mg tablet on 4/27/10. The medication was signed out on the controlled medication utilization record.	5/20/2010	All staff currently on the schedule to assist Residents with medication were re-trained. All Medication Care Managers and Lead Care Managers working in the community were required to repeat the DPW Medication Administration Training Program. The training program was facilitated by a Registered Nurse, certified by the Pennsylvania Department of Public Welfare "Train the Trainer Course." (See attached G,G1,G2,G3, and attached H1 thru H33) Training classes were conducted on May 18th, 19th, and 20th, and were 8 hours in duration, per day. Daily audits of the Medication Administration Record (MAR) will be conducted by the Senior Medication Care Manager, Health Care Coordinator, or Wellness Nurse, to ensure compliance, and to make sure this violation will not occur again.	Steps have been taken to correct violation; full compliance is not verifiable <i>6/1/10</i> <i>CB</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sunrise Assisted Living of Dresher, 1650 Susquehanna Road, Dresher, Pennsylvania 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Michael Palermo, Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marianne Beshaw</i>	DATE 5/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 6/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	<p>Resident # 5 has a physician order to receive Cosopt eye drops for glaucoma, one drop in both eyes every 12 hours. The MAR for this medication was not initialed for the 8 PM dose on 4/26/10. It is unknown whether the medication was administered as prescribed.</p> <p>Also, on 4/23/10 at 12 noon the medication Methadone, 5 mg tablet was initialed on the MAR as administered for resident # 4, but the controlled medication utilization record does not indicate the medication was signed out.</p>	5/20/2010	<p>All staff currently on the schedule to assist Residents with medication were re-trained. All Medication Care Managers and Lead Care Managers working in the community were required to repeat the DPW Medication Administration Training Program. The training program was facilitated by a Registered Nurse, certified by the Pennsylvania Department of Public Welfare "Train the Trainer Course." (See attached G,G1,G2,G3, and attachments H1 thru H33) Training classes were conducted on May 18th, 19th, and 20th, and were 8 hours in duration, per day.</p> <p>Daily audits of the Medication Administration Record (MAR) will be conducted by the Senior Medication Care Manager, Health Care Coordinator, or Wellness Nurse, to ensure compliance, and to make sure this violation will not occur again.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>6/6/10</i> <i>MB</i></p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sunrise Assisted Living of Dresher, 1650 Susquehanna Road, Dresher, Pennsylvania 19025	CURRENT LICENSE NUMBER 128410
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INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010	REGIONAL REPRESENTATIVE Michael Palermo, Jaime Erb, Lynn Loudenslager
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marianne Boshen</i>	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombing</i>	DATE 6/6/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Staffs E, F, G, H and I administer medications to residents. All have not completed the initial annual or annual recertification courses. The initial training was completed on the following dates: Staff E 10/16/08 Staff F 1/18/08 Staff G 3/1/07 Staff H 3/27/09 Staff I 3/16/07	5/20/2010	Staff E,F,G,H, and I had completed initial training, and had received annual recertification; however, we could not locate documentation to show that the Practicum Observer was certified. The staff members identified, along with other Med Care Managers and Lead Care Managers, were required to repeat the DPW Medication Administration Training Program. The training was facilitated by a Registered Nurse, certified by the PA. DPW "Train the Trainer Course." (See attached G, G1, G2, G3, & attached H1 thru H33) Training classes were conducted on May 18th, 19th, and 20th, and were 8 hours in duration, per day. Our Wellness Nurse repeated the PA. DPW Medication Administration Practicum Observer Training on 4/30/10. Initial and recertification training for all staff administering medications will be facilitated by a staff person who has successfully completed the PA. Department of Public Welfare "Train the Trainer Course." The Health Care Coordinator and the Wellness Nurse are responsible to review/audit the training records binder, to ensure on-going compliance with training oversight, and make sure this violation will not occur again. (See attached I, I1, I2, and I3)	6/6/10 CB

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Manuvel Basham</i>	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Bombing</i>	DATE 6/1/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	The home did not complete a support plan within 72 hours for resident # 3, admitted to the memory care unit 9/15/09. The initial support plan was completed 9/23/09.	6/1/2010	The Executive Director, Health Care Coordinator (HCC), Wellness Nurse (WN), Reminiscence Coordinator (RC), and Assisted Living Coordinator (ALC) conducted a full audit of Resident Charts. Our new Reminiscence Coordinator started in her position in February 2010, and is responsible, along with the HCC and the WN, to complete the support plan within 72 hours of the Resident's admission, or within 72 hours prior to the Resident's admission to the Secured Dementia Unit. When a new Resident is admitted into the community, the chart will be reviewed within the first 72 hours of their admission by the Executive Director, Health Care Coordinator, Wellness Nurse or designee, to ensure compliance and to make sure this violation will not occur again.	6/1/10 <i>CB</i>