

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 July 21, 2011 until January 21, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128411

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JUL 21 2011**

Mr. David Haddock, Vice President & 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 (Department) licensing inspection on May 3, 2011, May 11, 2011, June 23, 2011, July 6, 2011 and July 8, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
187d	III	73	\$3	\$219	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Additionally on April 2, 2010, the enclosed Stipulation of Settlement and Agreement (Agreement) was signed by Sunrise Senior Living Management, Inc. and the Pennsylvania Department of Public Welfare (Department). As a result of the Department's licensing inspections at Sunrise Assisted Living of Dresher on June 23, 2011 and July 8, 2011, violations with the terms of the Agreement were found as specified on the enclosed Violation Report.

Mr. David Haddock

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The Department will continue to actively monitor compliance with 55 Pa.Code Ch. 2600 and with the Agreement. If full regulatory and settlement compliance is not achieved by Sunrise Senior Living Management, Inc. the Department will take appropriate license enforcement actions.

Sincerely,



Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report  
Settlement Agreement

**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, PA. 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Jerry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	<p>On May 1, 2011, Resident #1 requested assistance with toileting from Direct Care Staff Person A, who was administering medications at the time of the request. At approximately 10:07 a.m., Direct Care Staff Person A activated the resident's call bell pendent to summon another staff person to assist the resident so that he/she could continue the medication pass. Direct Care Staff Person A made no further attempt to assist the resident with toileting. No other staff responded to the call for assistance. At approximately 10:39, Resident #2, responding to cries for help, found Resident #1 on the floor outside the bathroom door, and pressed the call bell button in the bathroom to summon staff for assistance. Resident #1 had fallen while trying to use the toilet independently and sustained a fractured skull, cervical spine and pelvis.</p> <p>Resident #1's assessment and support plan state that the resident needs assistance with transferring in/out bed, toilet, and for personal hygiene. Specifically, the resident's support plan dated January 4, 2011, states "Assist to toilet 2-4 times per shift while awake, assistance of one needed."</p>		See attached. UAC 6/17/11	<p><i>[Signature]</i>                  Initials (DPW)                  Date</p> <p>compliance@pa.gov                  1-800-785-2345                  full-time                  call 1-800-785-2345                  if you need any help</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, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	Resident #1 was not provided with the assistance needed in accordance with his/her support plan, resulting in serious physical injuries.			



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

Jun. 13. 2011 12:48PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/17/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	<p>On May 1, 2011, Resident #1 requested assistance with toileting from Direct Care Staff Person A, who was administering medications at the time of the request. At approximately 10:07 a.m., Direct Care Staff Person A activated the resident's call bell pendent to summon another staff person to assist the resident so that he/she could continue the medication pass. Direct Care Staff Person A made no further attempt to assist the resident with toileting. No other staff responded to the call for assistance.</p> <p>At approximately 10:39, Resident #2, responding to cries for help, found Resident #1 on the floor outside the bathroom door, and pressed the call bell button on Resident #1's bathroom wall to summon staff assistance. Resident #1 had fallen while trying to use the toilet independently and sustained a fractured skull, cervical spine and pelvis. No staff responded to the call bell.</p> <p>Resident #3 heard cries for help from Residents #1 and #2, and responded. Noting Resident #1's extreme pain, Resident #3 went for help on a lower floor, and encountered Direct Care Staff Person B, who responded to Resident #1's room.</p>		<i>See attached w/c 6/17/11</i>	<p><i>[Signature]</i>                  Initial (DPW)                  6/17/11</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESEER, 1650 SUSQUEHANNA ROAD DRESEER, PA 19025.		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Fonkes, Christine McHale, Lori Knockstead	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Sherry Chapin</i>	6/13/11		

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	<p>At approximately 11:28 a.m., Direct Care Staff Person B called 911 to summon medical attention. Resident #1 was transported to the hospital by ambulance at 12:01 p.m.</p> <p>The call bell system in the home, once activated, repetitively alerts staff via pager until deactivated by staff responding to the call. At the time of this incident, five direct care workers were on duty and carrying pagers that receive the call bell signal. None of these staff persons responded to Resident #1's calls for assistance despite receiving repetitive pages from Resident #1's room over a period of approximately 1.5 hours.</p>			



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

Jun. 13. 2011 12:49PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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<i>Sherry Chapin</i>	6/13/11	<i>[Signature]</i>	6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
51/52 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).  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	Per administrator C, Bayada and other agency criminal background checks not on site. Resident #1 was receiving services from a speech therapist D, from Bayada Nurses and there was no criminal background check present for this individual in the home.		See attached inc 6/17/11	<i>[Signature]</i> 11/17/11

No. 4069, P. 6

**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, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				

Jun. 13. 2011 12:49PM

No. 4069 P. 7



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

Jun. 13. 2011 12:49PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	On May 1, 2011, Resident #1 requested assistance with toileting from Direct Care Staff Person A, who was administering medications at the time of the request. At approximately 10:07 a.m., Direct Care Staff Person A activated the resident's call bell pendent to summon another staff person to assist the resident so that he/she could continue the medication pass. Direct Care Staff Person A made no further attempt to assist the resident with toileting. No other staff responded to the call for assistance. At approximately 10:39, Resident #2, responding to cries for help, found Resident #1 on the floor outside the bathroom door, and pressed the call bell pendent for assistance. Resident #2 had fallen while trying to use the toilet independently and sustained a fractured skull, cervical spine and pelvis.  Resident #1's assessment and support plan state that the resident needs assistance with transferring in/out bed, toileting, and for personal hygiene. Specifically, the resident's support plan dated January 4, 2011, states "Assist to toilet 2-4 times per shift while awake, assistance of one needed."		see attached. use 7/8/11	<i>[Signature]</i> Date

Steps taken to correct violation; full compliance or not verifiable  
*[Signature]*  
 Date

**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, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Henry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lee</i>	DATE 6/22/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	Resident #1 was not provided with the assistance needed in accordance with his/her support plan, resulting in serious physical injuries. According to Direct Care Staff A, E, F and G, this assistance could not be provided due to inadequate direct care staffing to provide for the needs of the 51 residents in the assisted living unit, 26 of whom had mobility needs. According to these staff persons, significant time is taken from care giving to complete ancillary, non-direct care tasks such as serving meals; clearing tables; refilling condiment dispensers; delivering room service trays; washing, drying, folding and storing laundry; and collecting and emptying trash.		<i>See attached. use attached</i>	

Jun. 13. 2011 12:49PM

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

Jun. 13. 2011 12:49PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberly A. Fonkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Le</i>	DATE 6/17/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
90b For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	<p>On May 1, 2011, Direct Care Staff Person A was unable to communicate the needs of Resident #1 to another staff person due to an inadequate number of walkie-talkies on the unit. Instead, she pushed the resident's pendent call bell button, which was ignored by other staff.</p> <p>On May 1, 2011, Direct Care Staff Person B's walkie-talkie was inoperable, preventing her from calling for assistance when she was summoned by a resident to Resident #1's room, where Resident #1 was lying on the floor with skull, cervical spine, and pelvic fractures resulting from a fall.</p>		<i>See attached. rec 6/17/11</i>	<i>[Signature]</i> 6/17/11

No. 4069 ... P. 10

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

Sunrise of Dresher

*Sherry Chapin June 10, 2011*

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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 DFW
90b <i>See Violation Report</i>		May 4, 2011  June 30, 2011  June 17, 2011	A test was conducted by the Maintenance Coordinator (MC) on the scout phones, walkies and pagers. Batteries were replaced and units recharged.  Additional phones were ordered.  The LCM, or designee, will monitor the phones, walkies and pagers to ensure operability, daily CMs, MCMs and LCMs will be in-serviced by the ED on the process of immediately reporting operating issues with their phones, walkies and pagers.	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2606

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LC</i>	DATE 6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
188c Documentation of medication errors and the prescriber's response shall be kept in the resident's record.	From April 16, 2011 to April 20, 2011, Resident #1 did not receive his/her Remeron 7.5 mg at bedtime because the medication was not available in the home. The home did not document these errors or the prescriber's response to these errors in the resident's medication administration record.		<i>See attached. WAC 6/17/11</i>	<i>(MCI) signing for you as representative of center need every step</i> <i>11/17/12</i>

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

Sunrise of Dresher

10A 19  
Page 8 of 18

*Sherry Chapin June 10, 2011*

*Lu 6/17/11*

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
<p>188c  <i>See Violation Report</i></p>	<p><i>See Violation Report</i></p>	<p>May 2, 2011  June 24, 2011  June 24, 2011</p>	<p>Resident #1 was discharged just prior to the DPW inspection and did not return.</p> <p>The Sr. Health Care Coordinator (Sr. HCC) will in-service the MCMs and LCMs on proper administration of medications, timely ordering of medications with follow-up to include use of medication ordering and delivery binder immediate notification to nursing, process to follow if medications are unavailable, Med Errors i.e. type and process for documenting and reporting errors.</p> <p>The Sr. MCM is responsible for ensuring compliance with the prescriber's medication orders. Sr. MCM will complete daily random audits to monitor for compliance with medication administration as well as medication availability based on physicians order</p> <p>The HCC will serve as the backup.</p>	<p></p>

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

Jun. 13. 2011 12:49PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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<i>Sherry Chapin</i>	6/13/11	<i>[Signature]</i>	6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #1 is prescribed Biotene Moisturizing Mouth Spray every eight hours while awake. The resident did not receive his/her 7 a.m. dose of this medication on May 1, 2011 as prescribed.  From April 16, 2011 to April 20, 2011, Resident #1 did not receive his/her Remeron 7.5 mg at bedtime, as prescribed, because the medication was not available in the home.		<i>See attached. use 6/17/11</i>	<i>[Signature]</i> Initials (DPW) Date

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

Sunrise of Dresher

11A A  
Page 7 of 11

*Henry Chapin June 10, 2011*

*Lu 6/17/11*

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  <i>See Violation Report</i>		<p>May 2, 2011</p> <p>June 24, 2011</p> <p>June 24, 2011</p> <p>June 24, 2011</p>	<p>Resident #1 was discharged just prior to the DPW inspection and did not return to the community.</p> <p>All med cart will be audited to ensure that all medications are available for administration as prescribed by the physician.</p> <p>Sr. MCM will complete random audits of MAR and med carts to monitor for compliance with medication administration as well as medication availability based on physicians order</p> <p>The Sr. Health Care Coordinator (Sr. HCC) will in-service the Sr. MCM, MCMs and LCMs on proper administration of medications, timely ordering of medications to include follow-up, use of medication ordering and delivery binder with immediate follow-up to nursing, process to follow if medications are unavailable, MAR audit documentation, proper documentation of PRN medications, procedure for narcotic counts, what to look for in medication cart audits and the process of follow if medications that are provided by families are unavailable.</p> <p>The Sr. MCM is responsible for monitoring and</p>	

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

*Sherry Chapin*

*June 10, 2011*

*June 6/17/11*

		June 30, 2011	ensuring compliance with the prescriber's medication orders. The HCC will serve as the backup.  Medication Pass Observations will be performed and documented by Sr. MCM, to ensure appropriate medication administration process is followed, to include responding to and documenting medications not delivered/not available.	
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

Jun. 13. 2011 12:50PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Sherry Chapman</i>	6/13/11	<i>Lu</i>	6/17/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's most recent assessment was completed on January 4, 2011. The assessment did not include the resident's difficulty swallowing and was not updated after the January 28, 2011 swallowing study that diagnosed the resident with severe oropharyngeal dysphagia. In addition, the resident's needs changed after the initial assessment was completed. The resident developed a Stage II Decubitus Ulcer and had a fall that required physical and occupational therapy. The home did not complete or revise the resident's assessment to reflect these changing needs.		<i>See attached. one 6/17/11</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation until compliance is verified</p> <p style="text-align: right;">Date <i>6/17/11</i> Initials (DPW) <i>Lu</i></p> </div>

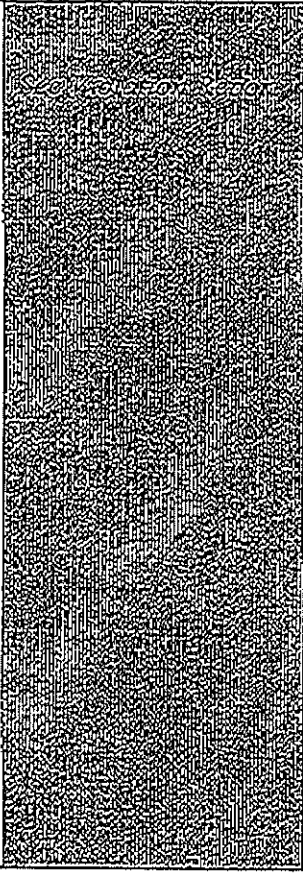
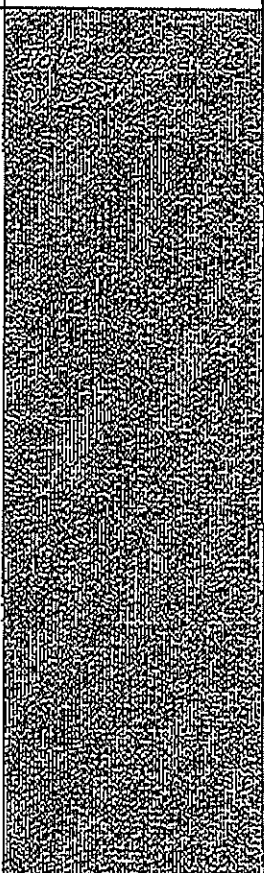
No. 4069 P. 13

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

Sunrise of Dresher

12A 19  
Page 2 of 11

*Sherry Chapin June 10, 2011 Per 6/17/11*

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
<p>225c  See Violation Report</p>		<p>May 2, 2011  May 18-19, 2011  June 7, 2011/ ongoing</p>	<p>Resident #1 was discharged just prior to the DPW inspection and did not return.</p> <p>The Quality Services Manager spent one on one coaching time with the HCC, Wellness Nurse and RC addressing what constitutes a significant changes in residents condition as well as need for completion of a reassessment to address noted changes in residents status.</p> <p>During Daily Stand-up Meeting the team will discuss any resident who may be experiencing changes in condition changes i.e. new skin concerns, new diagnosis and ADL / mobility changes as compared to their usual status. which may trigger the need to complete a new assessment. When a new assessment is warranted, the ED or HCC will review the Resident wellness file to ensure the new assessment was completed timely and accurately.</p> <p>The ED and HCC are responsible for monitoring this process to ensure compliance.</p>	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Henry Chapman</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kuc</i>	DATE 6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227d 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.	Resident #1's support plan dated January 4, 2011, does not indicate how his/her speech therapy needs identified on December 29, 2010 will be met, or how frequently the resident will receive physical and occupational therapy.  After the January 4, 2011 support plan was developed, the resident developed a Stage II Decubitus Ulcer and required skilled nursing care for the wound. The home has not completed a new support plan or revised the resident's support plan to reflect these changing needs to indicate how the resident's wound care needs will be met.		<i>See attached. via 6/17/11</i>	Steps have been taken to correct violation; full compliance is verifiable <i>[Signature]</i> Date Initials (DPW)

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

Sunrise of Dresher

*Sherry Chapin June 10, 2011*

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*Lu 6/17/11*

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
227d  <i>See Violation Report</i>		May 2, 2011	Resident #1 was discharged just prior to the DPW inspection and did not return.	
June 7, 2011		An in-service was provided to the care staff by Executive Director to review the importance of support plans as the primary tool for identifying and establishing the plan to meet resident's individual care and psychosocial needs. Care staff were also trained on need to update the residents support plans as new changes are identified to ensure that all care and services are current and reflective of the changing needs. See attached.		
June 17, 2011		A review of current resident support plans will be completed by the Sr. HCC and HCC to ensure that any and all changes in residents care needs are updated and reflected on current support plans. Changes to the support plans will be made and updated accordingly.		
June 17, 2011/Ongoing		During daily standup, there will be discussion on any reported changes from the care staff that may warrant a review and or update to the resident's support plan.  The HCC, ALC and RC are the responsible for		

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RESPONSE TO VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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ensuring that support plans are reviewed and updated timely to reflect the resident's changing needs.

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/17/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1's record does not include a copy of the reportable incident that occurred on May 1, 2011.		<i>See attached. VAC 6/17/11</i>	<i>[Signature]</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Henry Chapin</i>	6/13/11		

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025	<b>CURRENT LICENSE NUMBER</b> 128410
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<b>INSPECTION DATES (Include all dates of the inspection)</b> 05/03/2011, 05/11/2011	<b>REGIONAL REPRESENTATIVE</b> Kimberli A. Foulkes, Christine McHale, Lori Knockstead
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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)**

<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 6/13/11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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


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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foufkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(15) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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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, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 	DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER L28410	
INSPECTION DATES (include all dates of the inspection) 05/03/2011, 05/11/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, Lori Knockstead	
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 <i>Sherry Chapin</i>		DATE 6/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
2041 (25) A copy of the resident-home contract (26) A termination notice, if any				

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

Sunrise of Dresher

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*Sherry Chapin June 10, 2011*

*Lee 6/17/11*

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
252 <i>See Violation Report</i>		May 8, 2011  June 7, 2011/Ongoing  June 30, 2011	The reportable incident report for Resident #1 was placed in the resident record.  During daily standup, there is discussion from the day prior of resident incidents that rise to the level of a reportable incident (unless the incident required immediate action). This includes ensuring reportable incident reports get completed timely and accurately and a copy is placed in the resident record.  Team members will be in-serviced by on incident reporting standards, i.e. timeline for reportable incidents, documentation and maintenance of a copy of the incident report in the residents' record.  The ED, or designee, is responsible for this process and will audit records monthly to ensure compliance.	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lyra Loudenslager, John Bongo	
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 <i>Sherry Chapin</i>	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 5/11/2011, in the afternoon, 18 binders containing resident medical and personal information were in an open, unlocked and unattended reception area outside the wellness office.		<i>See attached. use 7/5/11</i>	<i>[Signature]</i> 7/5/11

Jun. 24. 2011 3:55PM

No. 4312 P. 2/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bunge	
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 <i>Sherry Chapin</i>	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lynn</i>	DATE 7/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				

Jun. 24. 2011 3:56PM

No. 4312 P. 3/19

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

Jun. 24. 2011 3:56PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Londenstager, John Bunge	
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 <i>Sherry Chapin</i>	DATE <i>6/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/5/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any; if the resident agrees.	The contract for resident #1 was not signed by the administrator or administrator designee.		<i>See attached. date 7/5/11</i>	<p>Steps have been taken to correct violation; all compliance records verified</p> <p><i>[Signature]</i> Initials (DPW)</p> <p><i>[Signature]</i> Date</p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bungo	
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 <i>Sherry Chapin</i>	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lee</i>	DATE 7/5/11


REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
51/52 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).  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	The home did not have a criminal history check for staff person A, hired 10/10/2010.  The home did not have a criminal history check on the PA State Police form for staff person B, who began working in the home on 8/18/2010.  Repeated Violations: 04/29/2010		<i>See attached note 7/5/11</i>	<i>7/11/2011</i>

Jun. 24. 2011 3:56PM

No. 4312 - P. 5/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESEHER, 1650 SUSQUEHANNA ROAD DRESEHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bunge	
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 	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				

Jun. 24. 2011 3:56PM

No. 4312 P. 6/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA. 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bunge	
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 <i>Sherry Chapin</i>	DATE <i>6/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/15/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65a Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person C received only 8 hours of annual training in training year 2010.		<i>See attached. w/ 7/15/11</i>	<i>[Signature]</i> <i>7/19/11</i>

Jun. 24, 2011 3:56PM

No. 4312 P. 7/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA . 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bungo	
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 <i>Sherry Chapin</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Y</i>	DATE <i>7/5/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #2, admitted to the Secured Dementia Care Unit on 4/11/2007, had been prescribed a mechanical soft diet by the resident's physician on 5/2/2011. The home does not have this resident listed on the kitchen information as requiring a special diet.		<i>See attached WAC 7/5/11</i>	<i>AD 7/6/11</i>

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No. 4312 P. 8/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bunge	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Chapin</i>	DATE <i>6/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Yes</i>	DATE <i>7/5/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	One small diamond shaped blue pill was found loose in the 3rd drawer of the second floor medication cart.		<i>see attached. vnc 7/5/11</i>	<p>Steps have been taken to correct violation. Full compliance not verifiable</p> <p><i>[Signature]</i> Date: <i>7/19/11</i> Initials: (DPW)</p>

No. 4312 P. 9/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bunge	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Chapin</i>	DATE <i>6/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/5/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183c 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.	An unopened bottle of Novolin was stored in the medication cart in the Secured Dementia Care Unit. The information on the prescription label states "Refrigerate until opened". The Novolin should be maintained in the refrigerator until ready for use.		<i>See attached. 7/5/11</i>	<i>[Signature]</i> <i>7/11/11</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bungo	
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 <i>Sherry Chapin</i>	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Novolin for resident #3 was opened on 4/10/2011. The prescription label states "Discard 30 days after opening". The medication should have been discarded by 5/10/2011.		<i>See attached. 04-6 7/15/11</i>	<i>[Signature]</i> Date 7/15/11 Initials (DPW)

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bango	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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).	DATE COMPLIANCE VERIFIED BY
If any, of the person or entity taking responsibility for the new placement on the day of departure from the home.				

No. 4312 . P. 12/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Leudenslager, John Bunge	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
185a 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.	The prn medication promethazine DM was not available for resident #4.		<i>See attached WRC 7/7/11</i>	<i>[Signature]</i> Date

Jun. 24, 2011 3:57PM

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESEHER, 1650 SUSQUEHANNA ROAD DRESEHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Londenstager, John Bunge	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 5/8/2011 at 2:00pm and on 5/11/2011 at 10:00am, Lorazepam was removed from the inventory according to the Controlled Medication Utilization Record for resident #5. The date and time of administration to the resident were not recorded on the MAR. It is not known if the resident received the medications.</p> <p>On 5/10/2011 at 6:00pm, Lorazepam was removed from the inventory according to the Controlled Medication Utilization Record for resident #6. The date and time of administration to the resident were not recorded on the MAR. It is not known if the resident received the medication.</p>		<i>See attached. MC 7/7/11</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Initials (DPW) Date <i>7/11/11</i></p>

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No. 4312 P. 14/19

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

Jun. 24. 2011 3:57PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Brango	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>The medication administration record for resident #4 does not include initials for the 9:00pm doses of the following medications on 5/10/2011: Acetamine, Aricept, Lidoderm, Metoprolol, Lantazapine, Simvastatin. It is not known if the resident received the medications.</p> <p>The medication administration record for resident #7 does not include initials for the 8:00pm doses of the following medications on 5/10/2011: Aricept and Xalatan eye drops. It is not known if the resident received the medications.</p> <p>Repeated Violations: 04/29/2010</p>		<i>See attached. 7/5/11</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

No. 4912 P. 15/19

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, John Bango	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The support plan for resident #8 does not address the need for and use of fall mats at bedtime. The mats were in the bedroom at the time of inspection.		<i>See attached #46 7/5/11</i>	<i>[Signature]</i> <i>11/18/11</i>

Jun. 24. 2011 3:57PM

No. 4312 P. 16/19

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

Jun. 24. 2011 3:57PM

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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).	DATE COMPLIANCE VERIFIED BY
236 Each direct care staff person working in a secured dementia care unit shall have 8 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training in 65.	Direct care staff persons D, E and F had only 1 hour of training in dementia care during training year 2010.  Direct care staff person G had only 2 hours of training in dementia care during training year 2010.		<i>See attached - 7/5/11</i>	<i>MD 11/2/12</i>

No. 4312 P. 17/19

## Plan of Correction

Name of Personal Care Home: Sunrise of Dresher  
 Address of PCH: 1650 Susquehanna Road, Dresher, PA 19025  
 License number: 128410

Inspection date(s): May 11, 2011

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Sherry Chapin, Administrator (Executive Director)

Signature of Legal Entity: *Sherry Chapin*

Date of Submission: June 21, 2011

*7/5/11*

Regulation 55 Pa. Code § 2600	Date by Which Correction will be completed	Plan of Correction
17	May 11, 2011	Binders were moved and placed in the locked records area during the licensing inspection.
	May 11, 2011	The Administrator provided counseling to all Department managers relating to the policy and the regulatory requirements for confidentiality of resident records.
	May 11, 2011	The Administrator and Department managers conduct periodic checks of all areas of the home to assure that no resident information is left unlocked while not in use in use.
25b	May 11, 2011	The resident contract was signed by the administrator during the inspection.
	June 15, 2011	All resident contracts have been reviewed by the Director of Community Relations and/or the Administrator for proper signatures.
51/52	May 11, 2011	All criminal background check utilize the state police patch test.
	May 11, 2011	The Business Office Coordinator is responsible for completing the mandated criminal background checks in accordance with PA law and regulations.
	May 30, 2011	The Administrator audits a sample of criminal background checks every 6 months to measure compliance with PA law and regulations.

*7/19/11*

*Staff persons A+B will have criminal history background checks completed in the PA State Police form. use 7/5/11*

Sunnise at Dresher

Yue 2/5/11  
Sherry Chapin

Regulation 55 Pa Code §. 2600.	Date by Which Correction will be completed	Plan of Correction
65e	June 10, 2011	An additional 4 hours of training for direct care staff person C was completed.
	May 31, 2011	Each direct care staff member will receive 12 hours of training each year. The Business Office Coordinator will monitor and document evidence of all staff training to assure compliance.
	June 20, 2011	If a staff person has not completed his/her 12 hours of annual training, he/she will not work with residents until the training is completed.
161d	June 13, 2011	A picture of the resident and the special diet order was placed in the kitchen and explained to the kitchen staff.
	June 13, 2011	Upon admission or with any diet change, the Coordinator of each Neighborhood ensures that the resident's photo and diet order are kept up to date and explained to the kitchen staff.
	July 15, 2011	The Administrator audits a sample of special diets every 2 months, to measure compliance.
183a1	May 11, 2011	The medication found in the medication cart was properly disposed of during the inspection.
	June 27, 2011	The Senior Medications Care Manager or the Health Care Coordinator inspects the medications carts monthly to assure that all medications are contained in properly labeled containers.
	June 27, 2011	All medication care managers have been trained on how to account for medications that are found outside of a medication container.

7/5/11

Sunrise at Dresher

Sherry Chapin

Regulation 55 Pa. Code § 2600.	Date by Which Correction will be completed	Plan of Correction
183e	May 11, 2011           June 27, 2011           June 27, 2011	<p>A new bottle of Novolin was ordered from the pharmacy and placed in the refrigerator to maintain proper temperature in accordance with manufacturer's instructions. The unopened, as well as the opened bottle bottled found during the inspection, were properly discarded.</p> <p>The Senior Medications Care Manager or the Health Care Coordinator inspects the medications storage areas monthly to assure that all medications are properly stored.</p> <p>All medication care managers have been trained on the proper storage of medications that require refrigeration.</p>
183f	May 11, 2011           June 27, 2011	<p>The expired medication was properly discarded during the inspection.</p> <p>The Senior Medications Care Manager or the Health Care Coordinator inspects the medications carts monthly to assure that all expired medications are properly discarded.</p>
185a	May 11, 2011           June 27, 2011	<p>The medication was ordered through Omnicare pharmacy and received by the home.</p> <p>The Senior Medications Care Manager or the Health care Coordinator (HCC) monitors monthly to ensure that all medications are ordered and kept on site as needed. Medication Care Managers notify the HCC immediately if any medication was not delivered by the pharmacy. The HCC will contact the pharmacy so that medications are administered as prescribed.</p>

*Sennise at Dregher*

*Sherry Chapin* 7/15/11

Regulation 55 Pa. Code § 2600.	Date by Which Correction will be completed	Plan of Correction
187b	May 11, 2011  June 1, 2011  June 1, 2011  June 30, 2011  June 30, 2011	The Medications Care Managers ensure that MARs are properly completed and that medications are administered as prescribed.  The Senior Medications Care Manager audits the MAR on a daily basis to ensure medication administration is compliant.  The HCC monitors the medication administration on a weekly basis as a secondary audit.  All medications care managers (MCM) will attend an in-service and retrained in MAR documentation.  Any MCM not in compliance with the medication administration policy will be released from medication administration and retrained through the Train the Trainer program by the Senior Medication Care Manger.
187d	May 11, 2011  June 1, 2011  June 1, 2011  June 30, 2011  June 30, 2011	The Medications Care Managers ensure that MARs are properly completed and that medications are administered as prescribed.  The Senior Medications Care Manager audits the MAR on a daily basis to ensure medication administration is compliant.  The HCC monitors the medication administration on a weekly basis as a secondary audit.  All medications care managers (MCM) will attend an in-service and retrained in MAR documentation.  Any MCM not in compliance with the medication administration policy will be released from medication administration and retrained through the Train the Trainer program by the Senior Medication Care Manger.

*Sunrise at Dresher*

*[Signature]* 7/15/11  
*[Signature]* Jeremy Chapin

Regulation 55 Pa. Code § 2600.	Date by Which Correction will be completed	Plan of Correction
234b	<p>May 12, 2011</p> <p>May 12, 2011</p> <p>June 1, 2011</p> <p>June 1, 2011</p>	<p>The support plan was updated to address the use of fall mats at bedtime.</p> <p>The Department Coordinators ensure the support plans are maintained and keep up to date.</p> <p>The Wellness Nurse and/or the HCC review the support plan for any changes and document in the resident's monthly Health and Service update.</p> <p>Support plan monitoring and updates are reviewed as part of daily standup report to ensure compliance</p>
236	<p>June 10, 2011</p> <p>May 31, 2011</p> <p>June 20, 2011</p>	<p>An additional 5 hours of training in serving individuals with dementia-related disease was completed for direct care staff persons D, E, and F. An additional 4 hours of training in serving individuals with dementia-related disease was completed for direct care staff person G.</p> <p>Each direct care staff member who works in the dementia care program (Remin neighborhood) receives 6 hours of training each year related to serving individuals with dementia-related disease. The Business Office Coordinator monitors and documents evidence of all staff training to assure compliance.</p> <p>If a staff person has not completed his/her 6 hours of annual training relating to dementia-care, he/she will not work with residents in the dementia care program until the training is completed.</p>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Sunrise Assisted Living of Dresher 1650 Susquehanna Road, Dresher, PA 19025		<b>BHA DOCKET NUMBER:</b> 034-09-0077	<b>CURRENT LICENSE NUMBER</b> 128410
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 23, 2011 and July 8, 2011		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams, Justin Trupp and Jesse Hummel	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 SETTLEMENT PROVISION (List number and text)	2 VIOLATION/CLASS	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
<p>SP-10 Appellant will maintain the following minimum direct care staff to resident ratios in all personal care homes operated by Appellant as listed in the Appendix:</p> <p>Residents who live in and require secured dementia care Sleeping hours - 1:16 Awake hours - 1:8</p> <p>Residents with mobility needs who do not require secured dementia care Sleeping hours - 1:20 Awake hours - 1:10</p>	<p>On 6/14/11, there were 75 residents in the home; 53 residents in the assisted living section, of which 25 were residents with mobility needs and 22 residents in the SDCU, all with mobility needs.</p> <p>On 6/14/11, the home needed 5 staff for the 7:00am-3:00pm and 3:00pm-11:00pm shifts in the non-secured area which would equal 40 hours of direct care on each shift. Per interviews with direct care staff, the home provided less than 40 hours of direct care on 6/14/11 because significant time was taken from care giving to complete ancillary,</p>			

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 23, 2011 and July 8, 2011		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams, Justin Trupp and Jesse Hummel	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1	2	3	4	5
SETTLEMENT PROVISION (List number and text)	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
<p>Residents without mobility needs Sleeping hours - 1:24 Awake hours-1:16</p> <p>Staff persons who are counted in the direct care staffing ratios must be physically present with the residents and providing direct care to the residents at all times they are counted in the staffing ratios.</p> <p>Staff persons who are assigned to direct care duties must be assigned to provide direct care services to a specified, fixed group of</p>	<p>non-direct care tasks such as serving meals, cleaning tables, refilling condiment dispensers, sweep floors, delivering room service trays, washing, and drying, folding and storing laundry, collecting and emptying trash.</p> <p>On 6/14/11, from 10:30 am-11:30 am and from 1:15 pm-1:45 pm there were 2 staff persons providing direct care to the residents in the non-secured area.</p> <p>On 6/14/11, from 8:00 pm – 8:30 pm there was 1 staff person providing direct care and from 8:30 pm – 11 pm there were 3</p>			

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Sunrise Assisted Living of Dresher 1650 Susquehanna Road, Dresher, PA 19025		<b>BHA DOCKET NUMBER:</b> 034-09-0077	<b>CURRENT LICENSE NUMBER</b> 128410
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 23, 2011 and July 8, 2011		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams, Justin Trupp and Jesse Hummel	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 <b>SETTLEMENT PROVISION</b> (List number and text)	2 <b>VIOLATION/CLASS</b>	3 <b>DATE BY WHICH CORRECTION WILL BE COMPLETED</b>	4 <b>PLAN OF CORRECTION</b> (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 <b>DATE COMPLIANCE VERIFIED BY DPW</b>
residents, not to exceed a group size of 24 residents.	<p>people providing direct care to the residents in the non-secure area. Only 4 staff persons were scheduled and on duty.</p> <p>On 6/14/11, the home needed 3 staff for the 3-11 pm shift in the secured dementia care unit (SCDU).</p> <p>On 6/14/11, from 10:45 pm-11:00 pm there were 2 staff persons providing direct care to the residents in the SCDU.</p> <p>On 6/16/11, there were 76 residents in the home; 53 residents in the assisted living section, of which 25 were residents with mobility needs and</p>			

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Sunrise Assisted Living of Dresher 1650 Susquehanna Road, Dresher, PA 19025		<b>BHA DOCKET NUMBER:</b> 034-09-0077	<b>CURRENT LICENSE NUMBER</b> 128410
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 23, 2011 and July 8, 2011		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams, Justin Trupp and Jesse Hummel	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

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	<p>23 residents in the SDCU, all with mobility needs.</p> <p>On 6/16/11, the home needed 5 staff for the 3-11 pm shift in the non-secure area.</p> <p>On 6/16/11, from 3:00 pm – 4:30 pm and 7:00 pm – 9:00 pm there were 3 staff persons providing care to the residents in the non-secure area. Only 4 staff persons were scheduled and on duty.</p> <p>On 6/16/11, the home needed 3 staff for the 3- 11 pm shift in the secure dementia unit SCDU.</p> <p>On 6/16/11, from 5:45 pm to 8:00</p>			

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	pm there were 2 staff persons providing direct care in the non-secured area.			