

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 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 January 22, 2012 until January 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128410

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

JAN 26 2012

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

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 licensing inspection on November 14, 2011 and November 15, 2011 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,

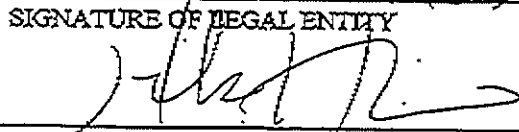
A handwritten signature in black ink, appearing to read "R. Melusky".


Ronald Melusky
Director

Enclosures
License
Violation Report

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

Page 1 of 12

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128411	
INSPECTION DATES (include all dates of the inspection) 11/14/2011 & 11/15/11		REGIONAL REPRESENTATIVE Christine McHale, Andrea Kurtz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rebecca Hamilton Executive Director Sunrise of Dresher</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/17/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne L. ...</i>	DATE 01-23-12

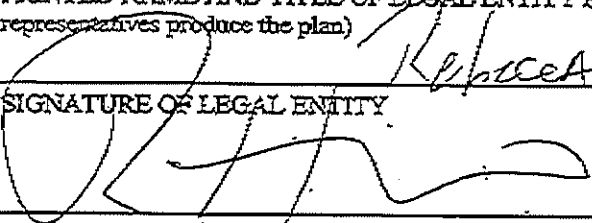
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.	<ul style="list-style-type: none"> - On 6/17/11, the home submitted a final incident report validating the occurrence of a medication error, affecting Resident #1. As of 11/14/11, the home has not informed Resident #1. - On 4/2/11, the home submitted a final incident report validating the occurrence of a medication error, affecting Resident #2. As of 11/14/11, the home has not informed Resident #2. 			 01-23-12

Jan. 19. 2012 11:16AM

No. 7979 P. 2

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 128411	
INSPECTION DATES (Include all dates of the inspection) 11/14/2011		REGIONAL REPRESENTATIVE Christine McHale, Andrea Kurtz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rebecca Hamilton</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1/18/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Quinn H. [Signature]</i>	DATE <i>1-23-12</i>

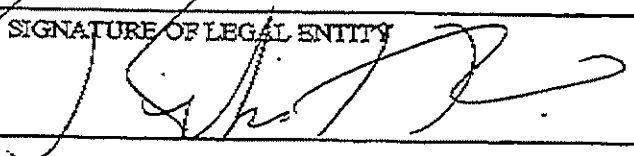

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Ancillary staff person A, who began work on 7/18/11 did not receive a general orientation to their job functions.			<i>QH</i> <i>1-23-12</i>


Jan. 19. 2012 11:16AM

No. 7979 P. 3

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

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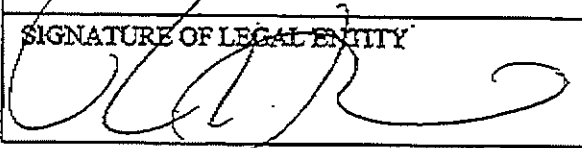

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128411	
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108 Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only if the following conditions are met: (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area. (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the	The home does not allow firearms and weapons. This information is not specified in the home rules.			 01-23-12

Jan. 19. 2012 11:17AM

No. 7979 P. 4

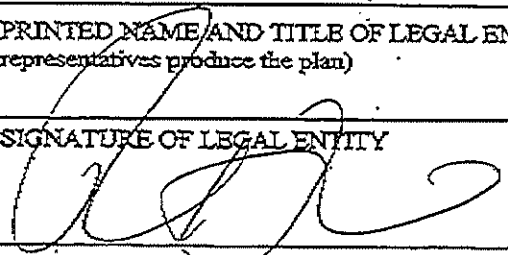
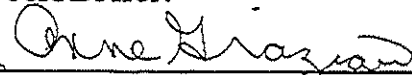
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128411	
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residents' room or in a common living area. (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee. (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition. (5) If a firearm, weapon or				

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

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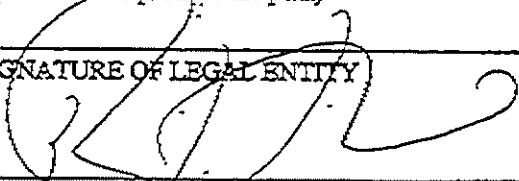

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.				


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

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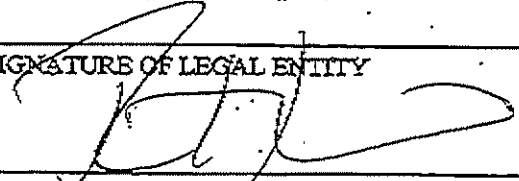
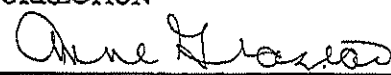
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109a The home rules shall specify whether the home permits pets on the premises.	The home rules do not specify whether the home permits pets.			 01-23-12


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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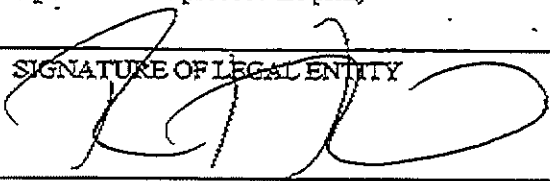
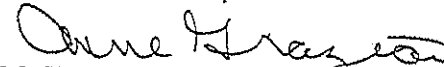
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home permits smoking in the rear. The home's written fire safety procedures related to smoking do not include extinguishing procedures.			 01-23-12


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

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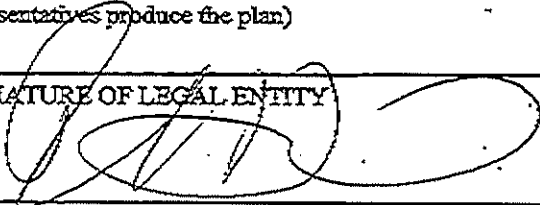

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	<p>- On 8/9/11, 8/14/11, 8/17/11, 8/23/11, and 9/24/11 Resident #3 refused to take a scheduled dose of Synthroid 88 mcg. The home did not report the refusal to the resident's doctor as required.</p> <p>- On 9/14/11 and 9/19/11 Resident #4 refused Amlodipine Besylate 5 mg, Aspirin 81 mg, Docusate Sodium 100 mg, Famotidine 20 mg, Levothyroxine 88 mcg, Oyster Shell Calcium w/Vitamin D 500 mg/200 units, Trimethoprim 100 mg, and Vitamin B-complex with Folic Acid and Vitamin C. The home did not report these refusals to the resident's doctor as required.</p> <p>- On 8/27/11 and 8/31/11 Resident #4 refused to take a scheduled dose of Penicillin VK 500 mg. The home report the refusal to the resident's doctor as required.</p>			<p></p> <p>01-23-12</p>


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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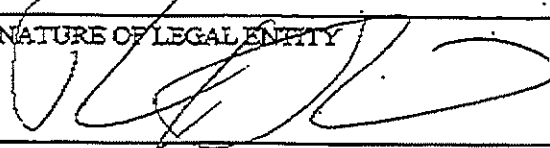

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128411	
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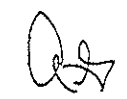
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	There is no preadmission screening form for Resident #5, admitted 11/1/11.			 0-23-12 12

Jan. 19. 2012 11:1/AM

No. 7979 P. 10

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

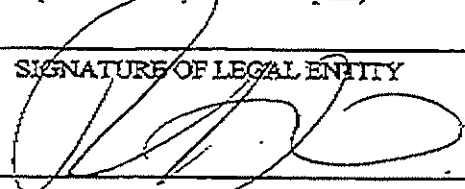

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5 was admitted to the home on 11/1/11 and the resident has been receiving wound care as of 10/28/11. This information is not addressed on the resident's initial assessment dated 11/5/11.			 01-23-12

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

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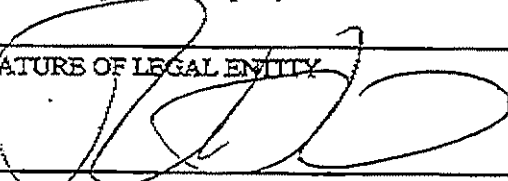

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<ul style="list-style-type: none"> - Resident #3 has a history of falls as noted on the resident's assessment dated 10/25/11. This information is not addressed on the resident's support plan dated 10/25/11. - Resident #4's assessment dated 9/2/11 states that the resident is incontinent of bladder and requires physical assistance to complete toileting for bladder and bowel. The resident's support plan dated 9/3/11 states that the resident can toilet independently and does not use incontinence products. - Resident #5's assessment dated 10/11/11 states that the resident is occasionally incontinent of bowel and bladder and requires physical assistance with toileting. These needs are not addressed on the resident's support plan dated 10/11/11. - Resident #7's assessment dated 9/5/11 states that the resident is occasionally incontinent of bladder. The resident's support plan dated 9/16/11 states that the resident is continent of bladder. 			<p>Steps have been taken to correct violation; full completion is not available</p> <p>01-23-12</p> <p><i>[Signature]</i> Initials (DPW)</p>

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

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	<p>- Resident #6's assessment dated 11/1/11 states that the resident is incontinent of bladder, requires physical assistance to complete toileting for bladder and bowel, and requires physical assistance with bathing, transferring and toileting. The resident's support plan dated 11/1/11 states "assist resident with ADL's each shift." The support plan does not address what needs the resident has and specific plans for those needs.</p> <p>Repeated Violations: 05/03/2011</p>			

Jan. 19. 2012 11:18AM

No. 7979 P. 13

Plan of Correction

Name of Personal Care Home: Sunrise Assisted Living of Dresher
 Address of PCH: 1650 Susquehanna Road, Dresher, PA 19025
 License number: 128411
 Inspection date(s): November 14, 2011 and November 15, 2011

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

Rebecca Hamilton, Executive Director

Regulation, 55 Pa. Code § 2600.	Date by Which Correction will be completed	Plan of Correction
16e	11-15-11	Resident # 1 and #2 were informed by the HCC of the medication errors that occurred and were reported to the Department.
	11-15-11	Medication care managers (MCM) administer the medications. The Senior MCM performs routine audits of the MAR's to ensure all medication errors are reported and followed up on. Upon identifying a medication error the Health Care Coordinator (HCC) notifies the resident that the error happened with, along with the physician and the residents designated person. HCC will ensure the documentation of the error as well as DPW reportable forms include notification of the resident.
	11-30-11 & ongoing	All incidents and ARS reportable incident forms are reviewed during stand up to ensure the proper procedures have been followed.
65c	11-15-11	Ancillary staff person A, Maintenance Coordinator, completed a general orientation to their job function.
	11-15-11	Ancillary staff person A, Maintenance Coordinator, signed the documentation of general orientation to their job function.
	11-15-11 & ongoing	The Business Office Coordinator (BOC) reviews with every new hire their job description and and signed copy is maintained in the employee record. The BOC audits employee records after hire to ensure all required documents are in place.
108	11-1-11	The Executive Director (ED) revised the Community Guidelines (home rules) to reflect the prohibition of firearms and weapons in the community.
	11-1-11	The residents received a 30 days' notice of change to the Community Guidelines.
	1-17-12	The ED in-serviced all team members on the changes of the Community Guidelines.
	11-1-11	The ED will continue to ensure 30 days' notice to residents and re-train staff whenever there are changes being made to the Community Guidelines.
109a	11-1-11	The ED revised the Community Guidelines to reflect the pet policy within the community.
	11-1-11	The residents received a 30 days' notice of change to the Community Guidelines.
	1-17-12	The ED in-serviced all team members on the changes of the Community Guidelines.

01-23-12

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	11-1-11 & ongoing	The ED will continue to ensure 30 days' notice to residents and re-train staff whenever there are changes being made to the Community Guidelines.
144c	11-16-11	The ED revised the Smoking policy to address the extinguishing procedures along with the Community Guidelines.
	11-16-11	The residents received a 30 days' notice of change to the procedures and Community Guidelines.
	1-26-12	The ED in-serviced all team members on the changes of the revised smoking policy and Community Guidelines.
	11-16-11 & ongoing	The ED will continue to ensure 30 days' notice to residents and re-train staff whenever there are changes being made to a policy and the Community Guidelines.
187c	11-16-11	The physicians for residents #3 and 4 were notified of the refusals and the response was documented in the resident's record.
	9-30-11	MCMs and Wellness Department staff were educated by HCC on how to accurately document and communicate medication refusals. A form was developed that identifies and describes that a medication error occurred. The form is faxed to the physician by Wellness Department. The physician then responds by faxing the form back with a response.
	9-30-11	Sr. Med Tech, HCC, and Wellness Department monitors medication administration records for refusals every day, will then trace necessary steps to ensure refusal has been communicated and documented properly in residents file.
224a	11-16-11	The Department Managers are aware of the correct procedure of completing a preadmission screening. All Managers will ensure that Residents coming from out of state prescreening is completed on the ARL required form.
	11-30-11	All Coordinators received training on "Building Effective Support Plans", a training that reviewed the forms that you utilize to develop an effective support plan (RASP). The requirements of the preadmission screening were reviewed.
	11-16-11	The ED reviews all preadmission screening on day of admission to ensure that they are completed within 30 days prior to move in.
	11-16-11	The current administrative file checklist is being used by all community Coordinators that are involved in the move in process.
	11-16-11 & ongoing	The ED audits resident records and reviews the administrative file checklist of a resident moving into a community.
225a	11-16-11	The Assisted Living Coordinator (ALC) updated Resident #5's assessment and support plan to reflect that the resident is receiving wound care. The updated assessment and support plan was reviewed with the resident during a care planning meeting.
	11-30-11	HCC, ALC and Reminiscence Coordinator (RC) conducted an audit of resident records and are ensuring that the assessments and support plan are developed based off of the medical evaluation, preadmission screen (for a new resident), resident profile and services provided by outside resources.
	1-16-12 & ongoing	HCC, ALC, and RC will meet bi-monthly to review resident's needs and complete assessment and support plans together to ensure all needs are recorded on both documents.

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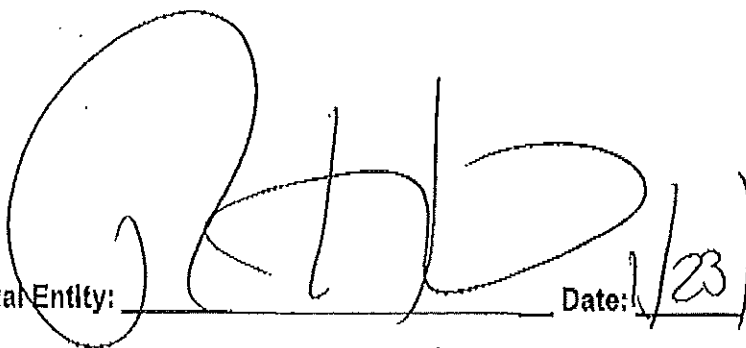
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	9-30-11 & ongoing	ED or designee performs chart audits to ensure that support plan and assessment match and reflect resident's needs.
227d	11-16-11	Resident #3, 4, 6, and 8's support plans were updated by ALC to reflect the correct information and provide information on how provide the services related to the identified need. The revised support plans were reviewed with the residents during individual care planning meetings.
	11-30-11	HCC, ALC and RC conducted an audit of resident records and are ensuring that the assessments and support plan are developed based off of the medical evaluation, preadmission screen (for a new resident), resident profile and services provided by outside resources.
	1-16-12 & ongoing	HCC, ALC, and RC will meet monthly to review resident's needs and complete assessment and support plans together to ensure all needs are recorded on both documents.
	9-30-11 & ongoing	ED or designee will perform chart audits to ensure that support plan and assessment match and reflect resident's needs.

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