



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

PHONE: (610) 270-1137

FAX: (610) 270-1147

MAIL CERTIFIED – RETURN RECEIPT REQUESTED
MAILING DATE: March 29, 2012

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 February 7, 2012 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.

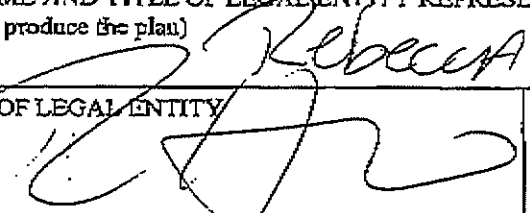
Sincerely,

A handwritten signature in black ink that reads "Chevon Miller".

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SUNRISE ASSISTED LIVING OF DRESHER, 1650 SUSQUEHANNA ROAD DRESHER, PA 19025		CURRENT LICENSE NUMBER 128410	
INSPECTION DATES (Include all dates of the inspection) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellenic, 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) <i>Rebecca Hamilton CD</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>3/12/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE <i>3/26/12</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
85a Sanitary conditions shall be maintained.	The home is sharing a glucometer with multiple residents. On 2/7/2012, at 10:26am, Resident #1's glucometer was checked for actual readings. The resident is to have a blood glucose test done every morning at 7:00am. Resident #1's glucose meter had 12 readings on it between 2/1/2012 and 2/6/2012, of those 12 readings only 5 were for Resident #1. Four of the readings belonged to two other residents and the other three readings were unaccounted for.		<i>Please see attached poc dated 3/12/12</i>	<i>[Signature]</i> Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date Initials (DPW)

No. 8813 P.P. 2 04/10

ARL

Mar. 12. 2012. 11:49AM. 102701147

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) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellenic, 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) <i>Rebecca Hamilton ED</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>3/12/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cannon Miller</i>	DATE <i>3/26/12</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
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,	<p>-On 02/07/2012, Resident #1 had Metformin Hcl ER 750mg in the medicine cart. The bottle was marked do not use after 1/28/2012.</p> <p>-On 02/07/2012, Resident #1 had Diphenhydramine Hcl 25mg in the medicine cart. The Diphenhydramine was discontinued on 01/27/2012.</p> <p>Repeated Violations: 05/11/2011</p>		<p><i>Please see attached BOC dated 3/12/12</i></p>	<p><i>[Signature]</i></p> <p>Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)</p>

No. 8813 P. 3 05/10

ARL

Mar. 12. 2012, 11:50AM, 102701147

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) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellenic, 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) <i>Rebecca Hamilton ED</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>3/12/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/26/12</i>

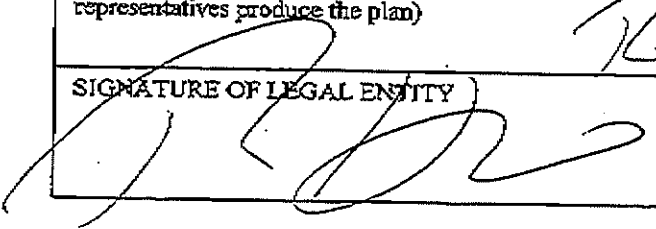
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.			<i>Please see attached POI dated 3/12/12</i>	<i>[Signature]</i>

No. 8813 p. 4 05/10

ARL

Mar. 12. 2012. 11:50AM 102701147

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) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellenic, 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) <i>Rebecca Hamilton ED</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 2/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>
			DATE 3/26/12

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.	Resident #1 is prescribed Tucks pads as needed. On 02/07/2012 this medication was not available for the resident. Repeated Violations: 05/11/2011		<i>Please see attached BOC dated 3/12/12</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/26/12</i> Date Initials (DPW)

No. 8813 P. 5 07/10

ARL

Mar. 12. 2012, 11:50AM, 102701147

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) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellanic, Lori Kneckstead	
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 <i>[Signature]</i>		DATE 3/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3/26/12

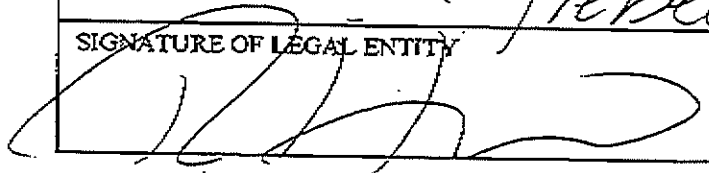
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for Resident #1 states the resident is to get 1 and 1/2 tablets of Metformin 500mg for a total dose of 750mg. The pharmacy dispensed Metformin 750mg tablets to the home. The medication administration record does not reflect the difference in medication strengths. The home was unable to determine whether their staff is administering the correct dose of 750mg or 1 and 1/2 of the 750mg tablets for a dose of 1125mg.		Please see attached doc dated 3/12/12 <i>[Signature]</i>	3/26/12 OKM <i>[Signature]</i>

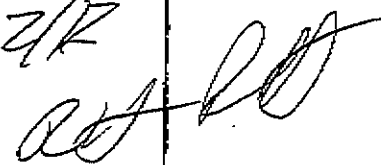
No. 8813 p. 6 08/10

ARL

Mar. 12. 2012 5:11:50 AM 102701147

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) 02/07/2012		REGIONAL REPRESENTATIVE Cindy Yellenic, 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) <i>Rebecca Hamilton</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>3/12/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE <i>3/26/12</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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Please see attached POA dated 3/12/12</i> 	

No. 8813 p. 7 09/10

ARL

Mar. 12. 2012 5:11:50AM 102701147

**Sunrise Senior Living, Inc.
Plan of Correction**

Name of Personal Care Home: Sunrise of Dresher
 Address of PCH: 1650 Susquehanna Rd Dresher Pa 19025
 License number: 128410
 Inspection date(s): 2-7-12
 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
85a	2/7/12	Individual Glucometers were ordered, by the Health Care Coordinator (HCC), and have been received in the community for all residents in need of blood sugar monitoring.
	2/7/12	The Medication Care Managers (MCM) identified each individual glucometer with the resident's names.
	2/7/12	The MCMs when completing blood sugar testing use the resident's individual glucometer.
	4/23/12	A monthly audit of the glucometer against the medication administration records (MAR) will be completed by the HCC or designee to verify the use of individual glucometers.
183f1	2/7/12	The expired medication was properly discarded during the inspection by the HCC.
	2/7/12	The MCMs or the HCC inspects the medication carts monthly to identify expired medications and properly discard.
185a	2/7/12	The HCC contacted the physician and the PRN Tucks pads were discontinued.
	2/7/12	The MCMs conduct medication cart inspections and notify the HCC immediately if any medication was not delivered by the pharmacy. The HCC or designee immediately contacts the pharmacy to obtain the medication or identifies if the order has been discontinued and completes documentation process on MAR.
	2/25/12	On a monthly basis the HCC or designee completes a recapitulation of orders. The MAR and physician orders from the previous month and current month are reviewed for accuracy and any discrepancies are corrected by the HCC through physician/pharmacy.
187a	2/25/12	Accurate/corrected MARs are placed in medication binders for use of MCMs when administering medications, by HCC or designee.
	2/7/12	Resident #1's MAR and physician's orders were reviewed for accuracy and discrepancies were corrected on MAR by HCC.
	2/25/12	On a monthly basis the HCC or designee completes a recapitulation of orders. The MAR and physician orders from the previous month and current month are reviewed for accuracy and any discrepancies are corrected by the HCC through physician/pharmacy.

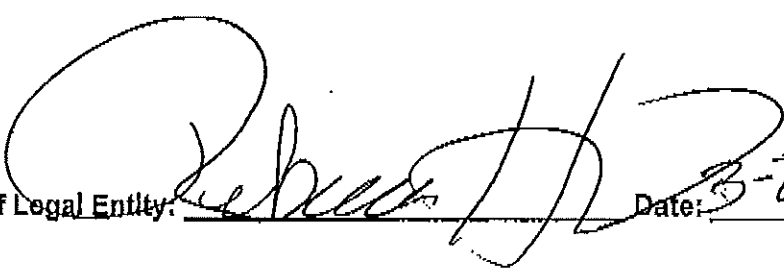
Signature of Legal Entity: 

Date: 3-23-12

Page 1 of 2

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with federal and/or state law.

	<p>2/25/12</p> <p>3/22/12</p>	<p>Accurate/corrected MARs are placed in medication binders for use of MCMs when administering medications, by HCC or designee.</p> <p>A monthly audit of the Medication Cart to MAR is completed by the HCC or designee.</p>
--	-------------------------------	---

Signature of Legal Entity:  Date: 3-23-12 Page 2 of 2

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with federal and/or state law.