pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MORNINGSIDE HOUSE OF BLUE BELL, LLC**
LEGAL ENTITY

To operate **MORNINGSIDE HOUSE OF BLUE BELL, LLC**
NAME OF FACILITY OR AGENCY

Located at **795 PENNLLYN BLUE BELL PIKE, BLUE BELL, PA 19422**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **145**
(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 45**

This certificate is granted in accordance with the Human Services 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 **February 11, 2026** until **February 11, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **151340**

ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

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

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: February 11, 2026

Morningside House of Blue Bell, LLC

RE: Morningside House of Blue Bell
795 Penllyn Pike
Blue Bell, Pennsylvania 19422
License #: 151340

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 16 and 17, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Bureau of Human Services Licensing
555 Walnut Street, Forum Place, 6th Floor | Harrisburg, PA 17101 | 717.783.3670 | F 717.783.5662 | www.dhs.pa.gov

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

August 18, 2025

SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP

RE: SUNRISE OF BLUE BELL
795 PENLLYN BLUE BELL PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 14487

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2025, 06/17/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF BLUE BELL* **License #**: *14487* **License Expiration**: *01/01/2026*

Address: *795 PENLLYN BLUE BELL PIKE, BLUE BELL, PA 19422*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *02/18/1992* **Issued By**: *Whitpain Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *79* **Waking Staff**: *59*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/17/2025*

Inspection Dates and Department Representative

06/16/2025 - On-Site: [redacted]

06/17/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *45* **Residents Served**: *15*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *33* **Have Physical Disability**: *0*

Inspections / Reviews

06/16/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2025*

07/21/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/23/2025*

Inspections / Reviews *(continued)*

07/21/2025 - POC Submission

Submitted By: [redacted]
Date Submitted: *08/14/2025*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date:** *07/31/2025*

08/18/2025 - Document Submission

Submitted By: [redacted]
Date Submitted: *08/14/2025*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, Falls and accident prevention during training year 2024.

Staff person B did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures and recognition and response to crises and emergency situations in training year 2024.

Staff person C did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights in training year 2024.

Plan of Correction ***Do Not Accept ███ - 07/21/2025)***

In February 2025, a new position, Employee Relations and Administrative Coordinator (ERAC), was created for Morningside House with job responsibilities to focus on employee compliance. April 2025, an audit of all employee trainings by ERAC occurred. At the time of the audit, employees were found to be out of compliance. A new orientation training or an orientation refresher were completed by BOM or ERAC and employee. This training includes Resident Rights, Fire Safety and Emergency Preparedness Plan.

A new orientation process and checklist was initiated in January 2025 stating upon hire, all new staff are trained following DHS Regulations. Orientation is provided at the time of hire by ERAC, Director of Plant Ops, Dining Director, ED, Director of Memory Care or designee. In-service training for employees not hired in 2025 will follow 2025 training plan and DHS required topics. Trainings will occur monthly, will be signed off by employee and will be maintained in a binder by ERAC. Trainings will be held by ED or designee.

On June 20,2025 ED provided training to ERAC to review regulation 65a-I and importance of following the regulations.

ED or Designee will perform random employee chart audits 1 time a week for 4 weeks to ensure new hire training occurs following DHS regulations. Trainings will be reviewed by ERAC at QAPI for 4 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Update: *07/21/2025*

The proposed overall completion date cannot be more than 20 days from date of submission.

Plan of Correction ***Accept ███ - 07/21/2025)***

In February 2025, a new position, Employee Relations and Administrative Coordinator (ERAC), was created for

65g - Annual Training Content (continued)

Morningside House with job responsibilities to focus on employee compliance. April 2025, an audit of all employee trainings by ERAC occurred. At the time of the audit, employees were found to be out of compliance. A new orientation training or an orientation refresher were completed by BOM or ERAC and employee. This training includes Resident Rights, Fire Safety and Emergency Preparedness Plan.
A new orientation process and checklist was initiated in January 2025 stating upon hire, all new staff are trained following DHS Regulations. Orientation is provided at the time of hire by ERAC, Director of Plant Ops, Dining Director, ED, Director of Memory Care or designee. In-service training for employees not hired in 2025 will follow 2025 training plan and DHS required topics. Trainings will occur monthly, will be signed off by employee and will be maintained in a binder by ERAC. Trainings will be held by ED or designee.
On June 20,2025 ED provided training to ERAC to review regulation 65a-I and importance of following the regulations.
ED or Designee will perform random employee chart audits 1 time a week for 4 weeks to ensure new hire training occurs following DHS regulations. Trainings will be reviewed by ERAC at QAPI for 4 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/01/2025*

Evidence of Completion ***Implemented ██ - 08/18/2025)***

See attached

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room number 118.

Plan of Correction ***Do Not Accept ██ - 07/21/2025)***

On June 17, 2025, when the missing phone number was brought to the ED's attention, a sticker with emergency phone numbers was placed on the resident in room 118's phone (see attached photo).
On July 9, 2025, ED educated the director of Plant Ops on regulation 91. The same day, Director of Plant ops performed a full audit of all occupied resident rooms for emergency phone numbers.
Prior to move in, emergency phone numbers will be placed in resident rooms by Director of Plant Ops or designee. Phone number placement will be reviewed by director of plant ops or designee at QAPI for4 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Update: *07/21/2025*

The proposed overall completion date cannot be more than 20 days from date of submission.

Plan of Correction ***Accept ██ - 07/21/2025)***

On June 17, 2025, when the missing phone number was brought to the ED's attention, a sticker with emergency

91 - Telephone Numbers (continued)

phone numbers was placed on the resident in room 118's phone (see attached photo).
On July 9, 2025, ED educated the director of Plant Ops on regulation 91. The same day, Director of Plant ops performed a full audit of all occupied resident rooms for emergency phone numbers.
Prior to move in, emergency phone numbers will be placed in resident rooms by Director of Plant Ops or designee. Phone number placement will be reviewed by director of plant ops or designee at QAPI for4 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/01/2025*

Evidence of Completion ***Implemented (- 08/18/2025)***

see attached

109b - Rabies Vaccination

3. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 6/16/2025, there was one cat present at the home belonging to resident #1. The home does not have a current certificate of rabies vaccination for the cat.

Plan of Correction ***Accept - 07/21/2025)***

On June 16, family was contacted by concierge about the vaccination for the cat. Family emailed ED and reported an appointment was scheduled on 7/17 and would be removing the cat at that time.
On July 17th, the cat was removed from the community. At this time, no other pets reside in the community.
Concierge maintains a binder and spreadsheet of all cats and dogs for vaccine status. This binder will be updated with new certificates and will be reviewed monthly by the concierge.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Evidence of Completion ***Implemented - 08/18/2025)***

no new pets have moved in

132d - Evacuation

4. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home maximum safe evacuation time is 15 minutes specified in writing by a fire safety expert. The home exceeded the evacuation time of 15 minutes during the fire drill conducted on 12/30/2024 at 11:30 pm by 4 seconds.

132d - Evacuation (continued)

Repeated Violation: 6/17/24, et al.

Plan of Correction ***Do Not Accept [redacted] 07/21/2025)***

On June 18, ED educated Director of Plant ops on Regulation 132d and evacuation time of 15 minutes. ED performed an audit on the same date and found the December date the only date out of compliance.
ED or Designee will perform monthly review of fire drills for 4 months. Evacuation time will be reviewed by Plant ops or designee during QAPI for 4 months.

Licensee's Proposed Overall Completion Date: *10/15/2025*

Update: *07/21/2025*

The proposed overall completion date cannot be more than 20 days from date of submission.

Plan of Correction ***Accept [redacted] - 07/21/2025)***

On June 18, ED educated Director of Plant ops on Regulation 132d and evacuation time of 15 minutes. ED performed an audit on the same date and found the December date the only date out of compliance.
ED or Designee will perform monthly review of fire drills for 4 months. Evacuation time will be reviewed by Plant ops or designee during QAPI for 4 months.

Licensee's Proposed Overall Completion Date: *08/01/2025*

Evidence of Completion ***Implemented ([redacted] 08/18/2025)***

See attached.
August fire drill pending

183e - Storing Medications

5. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed Acetaminophen 500 mg tablets. On 6/17/2025 there was a tear on the back of the blister pack on pill number 3.

Resident #3 is prescribed Lorazepam 0.5 mg tablets. On 6/17/2025 there was a tear on the back of the blister pack on pill numbers 15, 28, and 29.

Resident #4 is prescribed Pregabalin 100 mg capsule. On 6/17/2025 there was a tear on the back of the blister pack on pill number 8.

Plan of Correction ***Accept [redacted] 07/21/2025)***

On June 18, 2025, ED trained DHW, DMC and Nurse Supervisor on regulation 183, medication storage, specifically the need to ensure the foil of the blister packs are not compromised and may not be taped.
All LPN's and med techs will be educated on regulation 183 by DHW, ED or designee by July 31, 2025.
A full audit of all medications on the med carts was performed on July 2, 2025 by ED and LPN supervisor. Any corrections were made at the time of the audit

183e - Storing Medications (continued)

DHW or designee will complete 5 random audits 1 time a week for 4 weeks to ensure regulation 183 compliance.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Evidence of Completion ***Implemented [redacted] - 08/18/2025)***

See attached.

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 6/17/2025, the pharmacy label for resident #5 reads Glucose tablets 3.75-gram tab chew take 4 tablets by mouth as needed if blood sugar <80 MG/DL. Recheck blood sugar in 15 minutes if remains <80 MG/DL repeat 4 tablets. The medication administration record for June states that Glucose tablets 4mg chew and swallow 4 tablets by mouth as needed for if blood sugar <80. Recheck blood sugar in 15 minutes if remains <80 MG/DL repeat 4 tablets. Recheck in 15 minutes, if still <80 after 2nd dose contact wellness. The pharmacy label did not match the medication administration record.

Repeated Violation: 6/17/24, et al.

Plan of Correction ***Accept [redacted] - 07/21/2025)***

On June 18, 2025, ED trained DHW, DMC and Nurse Supervisor on regulation 184, medication labeling, specifically the need to ensure the eMAR matches the labels on the medications.
All LPN's and med techs will be educated on regulation 184 by DHW, ED or designee by July 31, 2025.
On June 20 it was determined that the eMar was correct per the DME and medication list dated 3/4/2025. The medication in the package was mislabeled.
A full audit of all medications on the med carts was performed on July 2, 2025 by ED and LPN supervisor. Any corrections necessary were made at the time of the audit
DHW or designee will complete 5 random audits 1 time a week for 4 weeks to ensure regulation 184 compliance.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Evidence of Completion ***Implemented [redacted] - 08/18/2025)***

See attached.

225a - Assessment 15 Days

7. Requirements

2600.
225.a. 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.

Description of Violation

Resident #6 was admitted to the home on [redacted]/2025. The resident's preadmission screening dated 1/21/2025 indicates that the resident requires a secured care unit. The resident's assessment dated 1/24/2025 states that the resident

225a - Assessment 15 Days (continued)

requires 24-hour supervision; However, the resident does not reside in a secured care unit.

Plan of Correction ***Accept █ - 07/21/2025)***

On June 17th during the survey, it was determined that the cognitive section of the prescreen form was filled out incorrectly stating the resident required a SDCU. The resident does not require SDCU and resides in personal care. A note was placed in the chart of the resident by ED.

On July 9, ED provided education to DHW and DMC to ensure the prescreen is filled out correctly and that RASPS are completed in the time frame following DHS regulations,

ED completed an audit on all resident charts on July 11 to ensure prescreens are filled out properly and RASP's are completed in following DHS regulations.

ED will complete audit of all residents prescreen and chart upon admission for 4 months.

Licensee's Proposed Overall Completion Date: *08/08/2025*

Evidence of Completion ***Implemented █ - 08/18/2025)***

See attached.