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

December 12, 2025

[redacted]
AL ONE PA INVESTMENTS OPCO LLC
[redacted]
ATTN LICENSING
[redacted]

RE: SUNRISE OF EXTON
200 SUNRISE BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14489

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2025, 10/07/2025, 10/08/2025 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,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF EXTON* **License #**: *14489* **License Expiration**: *02/20/2026*

Address: *200 SUNRISE BOULEVARD, EXTON, PA 19341*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *AL ONE PA INVESTMENTS OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/19/2018* **Issued By**: *Whiteland Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

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

Reason: *Renewal, Provisional, Incident* **Exit Conference Date**: *10/08/2025*

Inspection Dates and Department Representative

10/06/2025 - On-Site: [redacted]

10/07/2025 - On-Site: [redacted]

10/08/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *memory care* **Capacity**: *39* **Residents Served**: *19*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *NA* **Are 60 Years of Age or Older**: *46*

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

Have Mobility Need: *32* **Have Physical Disability**: *NA*

Inspections / Reviews

10/06/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/14/2025*

Inspections / Reviews *(continued)*

12/02/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/05/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/05/2025*

12/12/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/05/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
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 designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at approximately 10:04 am, resident records were left unlocked, unattended and accessible on the medication cart located on the 2nd floor.

Plan of Correction ***Accept ([redacted] - 12/02/2025)***

It is essential for the safety and well-being of our residents that all records remain confidential and are only accessible to the resident, the resident's designated representative, and authorized staff members involved in their care. On October 10, 2025, following the inspection, a medication cart audit was completed to ensure that both the cart and resident records were securely locked. Beginning October 13, 2025, random audits will be conducted twice weekly to verify that the medication cart remains locked and that the privacy screen is in place. These audits will be completed by the Director of Health and Wellness or the Memory Care Director twice weekly for two weeks, weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure ongoing compliance. In addition, retraining for all staff who may be responsible for the medication cart on medication cart security and medical record confidentiality will be conducted by the Director of Health and Wellness and Regional Director of Health and wellness on 11/18/2025.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

63a - First Aid/CPR Training

2. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], from 11:15pm to 6:45am 46 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety and well-being of our residents that each shift includes staff members who are certified in CPR. On October 14, 2025, the Executive Director, Director of Health and Wellness, and Memory Care Director reviewed current staffing levels and CPR certification requirements. On October 14th, 2025, The Executive Director, [redacted] reeducated the Director of Health and Wellness and Memory Care Director on CPR regulations. Following this review, the staffing schedule was updated to ensure that at least one staff member who is CPR certified by an individual properly certified by a hospital or other recognized health care organization in accordance with 2600 Pa. Code 63(b). The Director of Health and Wellness and the Memory Care Director will continue to review staffing and CPR certification daily to maintain appropriate coverage. Additionally, a CPR training class has been

63a First Aid/CPR Training (continued)

scheduled for November 25, 2025, to provide further certification opportunities for staff.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

63b - Current First Aid Training

3. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A and B were trained in first aid and certified in obstructed airway techniques and CPR by National CPR Foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction ***Accept ([redacted] 12/02/2025)***

It is essential for the safety and well being of our residents that each shift includes staff members who are CPR certified through a training program recognized by hospitals or healthcare organizations. On October 14, 2025, the Executive Director, Director of Health and Wellness, and Memory Care Director reviewed staffing levels and CPR certification requirements. On October 14th, 2025, The Executive Director, [redacted] reeducated the Director of Health and Wellness and Memory Care Director on CPR regulations. Following this review, the staffing schedule was updated to ensure that only staff with valid, recognized CPR certifications are scheduled. The certificates for Staff A and Staff B were immediately removed from the CPR binder, as their certifications did not meet the required standards. The Director of Health and Wellness and the Memory Care Director will review CPR certification and staffing levels daily to ensure ongoing compliance and appropriate coverage. Additionally, a CPR training class has been scheduled for November 25, 2025, to provide staff with an opportunity to obtain or renew recognized certification.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:30am, a brown substance that appeared to be feces was smeared on the floor by the toilet in the bathroom in memory care.

On [redacted] at 3:46pm, the food cart located in the main dining room was covered in food crumbs and stained with an unknown substance.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety and well being of our residents that all individual rooms, bathrooms, and common areas, including common area restrooms, are maintained in a clean and sanitary condition. On October 6, 2025, the

85a - Sanitary Conditions (continued)

bathroom in memory care was cleaned by the housekeeping team. On October 7th, 2025, the food cart was cleaned of any crumbs. On October 14, 2025, the Executive Director, [redacted] provided an in-service training to direct care and housekeeping staff on proper sanitation protocols and regulatory requirements. A Housekeeping Checklist Audit was developed and implemented on October 13, 2025, to ensure ongoing compliance. The Director of Plant Operations or designee will be responsible for completing this audit weekly for four weeks, biweekly for four weeks, and monthly for three months.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

85b - Infestation

5. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [redacted], ants were observed on the bottom shelf of the cabinet in the kitchen.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety and well-being of our residents that the community remains free of rodents and insects. On October 13, 2025, Orkin serviced the community, including treatment of the bottom shelves of the kitchen cabinets where ants had been identified. On October 13, 2025, an audit process was developed and implemented to ensure all kitchen cabinets are routinely inspected for signs of insects. This audit will be completed by the Director of Food Services or designee weekly for four weeks, biweekly for four weeks, and monthly for three months. If any evidence of insect activity is identified during an audit, the Executive Director will be notified immediately, and Orkin will be contacted for prompt follow-up service.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] 12/12/2025)

87 - Lighting

6. Requirements

2600.
87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On [redacted], there were no lights along the outdoor walkway surrounding the home.

Plan of Correction ***Accept ([redacted] 12/02/2025)***

It is essential for the safety and well-being of our residents that all outdoor walkways are adequately lit to ensure safe navigation, particularly for residents with visual impairments, and to support safe evacuation if needed. On November 11, 2025, outdoor lights were ordered, and on November 13, 2025, they were installed around the perimeter of the building. Beginning November 17, 2025, the Director of Plant Operations or designee will inspect the outdoor lighting biweekly for four weeks and monthly for six months to ensure all fixtures remain intact and fully operational.

Licensee's Proposed Overall Completion Date: *11/14/2025*

87 Lighting *(continued)*

Implemented [redacted] 12/12/2025)

88a Surfaces

7. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at approximately 9:31am, the floors were covered in a sticky film though out memory care.

Plan of Correction ***Accept [redacted] 12/02/2025)***

It is essential for the safety and well-being of our residents that all floors, walls, ceilings, windows, doors, and other surfaces remain clean, well-maintained, and free of hazards. Following the inspection on October 7, 2025, the kitchen floor in Memory Care was thoroughly cleaned. Housekeeping has been scheduled to clean the Memory Care kitchen floor on Mondays to ensure continued cleanliness and safety. The Director of Plant Operations or designee will follow up with housekeeping on Monday's, to verify that the Memory Care kitchen floor has been mopped as scheduled. The memory care staff will ensure the cleanliness of the kitchen floor daily and will call housekeeping if the kitchen floor needs to be mopped in addition to the already scheduled Monday rotation.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

100a Exterior Free of Hazards

8. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] a sewer pipe was surround by water and sticking out of the ground posing a tripping hazard. There were two drainpipes coming out of the ground posing tripping hazards by causing dips in the ground.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety and well-being of our residents that the exterior of the building and surrounding grounds are well-maintained and free of hazards. On November 11, 2025, a landscaping company evaluated the property to provide a quote for repairs to the sewer pipe and two drainpipes to ensure these areas no longer pose a safety risk to residents. The quote was reviewed and approved by the Director of Plant Operations on the same day. The landscapers are scheduled to come out Monday November 17th, 2025, to repair the areas of hazard.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

101j1 Mattress Fire Retardant

9. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

101j1 - Mattress Fire Retardant *(continued)*

Description of Violation

On [redacted] the mattress in room [redacted] was not solid and there was a dip in the bed.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the well-being of our residents that each resident has a bed with a solid foundation and a mattress that is in good condition. Immediately following the inspection on October 7, 2025, the mattress for the resident in Room 211 was rotated and flipped to eliminate the dip and ensure proper support. On October 7, 2025, the Executive Director, [redacted] spoke to the resident who stated that [redacted] mattress does not keep [redacted] up at night and that [redacted] sleeps fine. On October 15, 2025, the Executive Director conducted an audit of all resident beds to verify that they were in good repair. A Housekeeping Audit was created and implemented on October 13, 2025, to maintain ongoing oversight. The Director of Plant Operations or designee will conduct this audit weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure all beds remain in proper condition.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] - 12/12/2025)

101j3 - Bed/Linens/Pillows/Blankets

10. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On [redacted], The bed for resident [redacted] had a pillowcase that appeared to be stained with blood.

Plan of Correction ***Accept [redacted] 12/02/2025)***

It is essential for the well-being of our residents that pillows, blankets, and bed linens are clean and in good repair. Following the inspection on October 7, 2025, Resident 1's pillowcase was immediately replaced. A Room Checklist was developed and implemented on October 13, 2025, which includes ensuring that residents' pillows, sheets, and blankets remain clean and in good condition. The Memory Care Director will be responsible for completing this audit weekly for four weeks, biweekly for four weeks, and monthly for three months to maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

101j5 - Bedside Table/Shelf

11. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside Resident [redacted] bed in bedroom [redacted]

There is no bedside table or shelf beside Resident [redacted] bed in bedroom [redacted]

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the well-being of our residents that each resident has a bedside table. Immediately following the

101j5 - Bedside Table/Shelf (continued)

inspection, bedside tables were placed in Rooms [redacted] and [redacted] by the Director of Plant Operations. A Housekeeping Checklist was created and implemented to ensure that all residents have bedside tables. Beginning the week of October 13, 2025, the Director of Plant Operations or designee will conduct this audit weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] 12/12/2025)

101j7 - Lighting/Operable Lamp

12. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept[redacted] 12/02/2025)***

To ensure the safety and well-being of our residents, it is essential that each resident has a functional bedside lamp or an alternative source of lighting that can be easily operated from the bedside. An operable lamp was placed bedside in resident [redacted], resident [redacted] and resident [redacted]'s room. On November 5th, the Executive Director, [redacted] conducted a comprehensive walkthrough of all resident rooms to confirm that each resident had an operable bedside light source. To maintain ongoing compliance, a Housekeeping Checklist was developed and implemented on October 13th, 2025. This audit will be conducted by the Director of Plant Operations or designee on the following schedule: weekly for 4 weeks, biweekly for the next 4 weeks, and monthly for a duration of 3 months.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

103c - Food Protected

13. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] at 10:41am, there was an uncovered paper plate with french toast and bacon stored in the microwave, in the memory care kitchen.

Plan of Correction ***Accept[redacted] 12/02/2025)***

It is essential for the well-being of our residents that all food is protected from contamination during storage, preparation, transport, and service. Following the inspection on October 6, 2025, the food in the memory care microwave was immediately thrown away by the Director of Plant Operations. A Food Protection Audit was developed and implemented beginning the week of October 13, 2025. The Memory Care Director or designee will conduct a refrigerator audit weekly for four weeks, biweekly for four weeks, and monthly for three months to

103c - Food Protected (continued)

ensure that all food remains properly protected.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] 12/12/2025)

132f - Alternate Exit Routes

14. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The main entrance, tower A and tower C were the only exit routes used during the fire drills held from [redacted] to [redacted], however the home has a total of 8 exit routes as specified in the safety letter dated [redacted]

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety of our residents that alternate exit routes are utilized during fire drills. On October 15, 2025, an agreement was executed between Croker Fire Safety Corporation and the Director of Plant Operations to conduct monthly fire drills within the community that incorporate the use of alternate exit routes. On October 16, 2025, a fire drill was conducted by Croker, during which all exits were used except for Stairwell C. The Director of Plant Operations will review the fire drill records monthly to ensure that all alternate exits are consistently utilized.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] - 12/12/2025)

132g - Fire Drills Days/Times

15. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills during the last week of the month as evidenced by the following drills [redacted] at 12:10pm, [redacted] at 12:25am, [redacted] at 10:15a, [redacted] at 4:15pm and [redacted] at 3:15a.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety of our residents that fire drills are conducted on varying days of the week and at different times, including both day and night, and are not routinely held only when additional staff members are present. On October 15, 2025, an agreement was executed between Croker Fire Safety Corporation and the Director of Plant Operations to conduct monthly fire drills that incorporate different days of the week and varied times. On Thursday October 16, 2025, a fire drill was conducted by Croker at 9:50 a.m. The Director of Plant Operations will review fire drill records monthly to ensure that drills continue to be conducted at different times and on varying days of the week.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

132h - Designated Meeting Place

16. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills on [redacted] at 12:10pm [redacted] at 4pm, [redacted] at 12:25am, [redacted] at 10:15a, [redacted] at 4:15pm, [redacted] at 3:15 and [redacted] at 12:10am, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the safety of our residents that, during each fire drill, all residents evacuate to a designated meeting area away from the building or to a fire-safe location. On October 15, 2025, an agreement was executed between Croker Fire Safety Corporation and the Director of Plant Operations to conduct monthly fire drills that include evacuating all residents into a fire safe area. On October 16, 2025, a fire drill was conducted by Croker, and all 45 residents were successfully evacuated to a fire-safe location. The Director of Plant Operations will review fire drill records monthly to ensure that all residents are consistently evacuated during drills.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] 12/12/2025)

141a 1-10 Medical Evaluation Information

17. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted]'s medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner.

Plan of Correction ***Accept [redacted] 12/02/2025)***

It is essential for the well-being of our residents that a medical evaluation is completed by a physician or physician's assistant within 60 days prior to admission or within 30 days after admission. Resident [redacted]s medical evaluation was reviewed and updated on October 10, 2025, to include a complete physical examination conducted by an authorized medical professional. The completed evaluation is now on file in the resident's record. On October 22, 2025, the Director of Health and Wellness audited all resident medical evaluations to ensure each included a physical examination performed by an authorized medical professional. Any incomplete evaluations were promptly flagged for the nurse practitioner to complete during [redacted] next visit. Going forward, the Director of Health and Wellness or

141a 1-10 Medical Evaluation Information (continued)

designee will review all new admission medical evaluations prior to admission and annually thereafter to confirm completion by an approved medical provider. A New Admission Checklist has been implemented to verify compliance with regulation 2600.141(a). Staff involved in admissions and resident documentation were re-educated on this requirement by Executive Director, [redacted] on October 16, 2025.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

162c - Menus Posted

18. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for [redacted], was posted in memory care. However, the current week and the menu for 1 week in advance was not posted.

Plan of Correction ***Accept [redacted] - 12/02/2025)***

To support the well-being of our residents, it is essential that menus listing the specific foods to be served at each meal are prepared and finalized at least one week in advance and adhered to accordingly. These weekly menus must be clearly posted in a prominent public area no less than one week before the menu period begins. Following the inspection, on 10/7/2025 the menus were rotated to reflect the current week with the correct dates as well as the following week with correct dates. Beginning November 7th 2025, the Director of Dining Services or their designee will conduct regular audits to ensure dated menus are properly posted in both Personal Care and Memory Care. The audit schedule will be as follows: weekly for 4 weeks, biweekly for 4 weeks, and then monthly for a duration of 6 months.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] 12/12/2025)

171c - Home's Vehicle Documents

19. Requirements

2600.
171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The home does not have a copy of vehicle registration for the van used to transport residents.

171c - Home's Vehicle Documents *(continued)*

Plan of Correction ***Accept (- 12/02/2025)***

It is essential for the safety of our residents that we maintain an up-to-date vehicle registration. Following the inspection on October 6, 2025, COO, Jen Larkin, visited an auto tag agency to register the vehicle. Unfortunately, when Morningside acquired the building from Sunrise, the vehicle documents were not transferred to Morningside. Jen is actively working with Sunrise to obtain the necessary documentation so we can complete the registration process. Until the registration is current, the van will remain out of service and will not be used to transport residents.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented - 12/12/2025)

183b - Meds and Syringes Locked

20. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On at 10:20 am, was unlocked, unattended, and accessible in room

Plan of Correction ***Accept - 12/02/2025)***

It is essential for the safety of our residents that all prescription and over-the-counter (OTC) medications are stored in a locked area or container. Following the inspection on October 6, 2025, the medication that had been left unattended in Room 215 was immediately removed. On 10/14/2025 the Executive Director, did a re-education to the director of health and wellness and memory care director regarding regulation 183B. A new Room Check Audit was implemented on October 13, 2025, to ensure that no medications are left unattended in residents' rooms. This audit will be conducted by the Director of Health and Wellness or designee weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented - 12/12/2025)

183e - Storing Medications

21. 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

On , prescribed to resident did not have an open date. According to the manufacturer's instructions this medication can be stored at room temperature for up to 6 weeks.

On , prescribed to resident did not have an open date. According to the manufacturer's instructions this medication expires 90 days after opening.

On the blister pack of prescribed resident was punctured in slots 4,5,13,19 and 25. The pills were all in place.

183e - Storing Medications *(continued)*

Plan of Correction ***Accept [redacted] - 12/02/2025)***

It is essential for the well-being of our residents that prescription medications, and OTC medications, are stored in an organized manner and under proper conditions. Following the inspection, Resident [redacted] was reordered and labeled with an open date, Resident [redacted]s artificial tears were reordered and labeled with an open date, and Resident [redacted] doses that were punctured in the blister pack were properly discarded. On October 13, 2025, a Medication Cart Audit was implemented. This audit will be completed by the Director of Health and Wellness and the Memory Care Director weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure ongoing compliance with proper medication storage and management. In addition, an all med tech meeting is being held by the Director of Health and Wellness and Regional Director of Health and Wellness to review medication storage on 11/18/2025.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented ([redacted] - 12/12/2025)

184c - Sample Prescription Meds.

22. Requirements

2600.
184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

[redacted] belonging to resident [redacted] was in the home's medication cart. The labels for this sample did not include any instructions or prescriber information.

Plan of Correction ***Accept ([redacted] 12/02/2025)***

It is essential for the well-being of our residents that all prescription medications include written instructions from the prescriber. Following the audit, a new bottle of latanoprostene bunod solution was reordered to include the prescriber's information and instructions. The medication was subsequently discontinued on October 21, 2025. A Medication Cart Audit was created and implemented on October 13, 2025, to ensure that all medications include written instructions from the prescriber. This audit will be conducted by the Director of Health and Wellness or Memory Care Director weekly for four weeks, biweekly for four weeks, and monthly for three months to ensure ongoing compliance. In addition, an all med tech meeting is being held by the Director of Health and Wellness and Regional Director of Health and Wellness to review proper protocol when checking for written instructions and prescribers information on 11/18/2025.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

187a - Medication Record

23. Requirements

2600.
187.a. 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.

187a - Medication Record *(continued)*

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 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.

Description of Violation

Resident [redacted] is prescribed [redacted], " Inject per Sliding Scale twice daily before breakfast and dinner for [redacted] = call MD". Resident [redacted]'s October 2025 medication administration record does not include the number of units administered per the sliding scale.

Plan of Correction ***Accept ([redacted] - 12/02/2025)***

It is essential for the safety and well-being of our residents that all medications are accurately recorded. Following the inspection on October 7, 2025, the Regional Director of Health and Wellness, [redacted] LPN, immediately updated the EMAR to include the site and units administered for all insulin orders. Moving forward, the Director of Health and Wellness will ensure that any new diabetic residents have the injection site and units administered clearly documented on their MAR. An audit was conducted by the Director of Health and Wellness on October 29, 2025, to confirm that all residents receiving insulin have a designated space to record the units administered. Beginning November 1, 2025, a monthly audit will be conducted by the Director of Health and Wellness for six months to ensure ongoing compliance with accurate recording of insulin administration.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)

234b - Support Plan Needs Elements

24. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted] for resident [redacted] does not address vision, hearing, dental, communication, olfactory and tactile needs..

Plan of Correction ***Accept[redacted] - 12/02/2025)***

It is essential for the well-being of our residents that their support plans clearly identify each resident's physical, medical, social, cognitive, and safety needs. Resident [redacted] support plan was immediately updated on October 10, 2025, by the Director of Memory Care to include all required sensory and communication elements. The revised plan was reviewed and signed by Resident [redacted] and the Memory Care Director. A full review of all current resident support plans was completed by October 29th, 2025, by the Director of Health and Wellness and the Memory Care Director to ensure each plan includes all components required under regulation 2600.234(b). Any missing information was corrected and reviewed with residents and their responsible parties. On 11/1/2025 A Support Plan (RASP) Audit Tool was implemented. This audit will be conducted by the Director of Memory Care or Director of Health and wellness

234b - Support Plan Needs Elements (continued)

monthly for 6months.

Licensee's Proposed Overall Completion Date: *11/14/2025*

Implemented [redacted] - 12/12/2025)