



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 23 2014

Ms. Susan L. Timoner, Vice President/Assistant Secretary
MS Lower Makefield SH, LLC
7902 Westpark Drive, Suite T-900
McLean, Virginia 22102

RE: Sunrise at Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067
License # 138090

Dear Ms. Timoner:

As a result of the Department of Public Welfare's licensing inspection on January 30, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 138090
Address: 631 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: Anda Durso		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy		
Staffing Hours	Total Daily Staff: 150	Waking Staff: 113
Resident Support:		Notice: Unannounced
Type of Inspection: Partial	BHA Docket Number:	
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/30/2014: Miller, Chevon		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 89 Secured Dementia Care Unit in Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 28 Number of Current Hospice Residents: 21 Number of Hospice Residents in past year: 25		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 61 Have a Physical Disability: 0

Anda Durso, Executive Director

Anda Durso

4/14/14

Violation Report: 13809 - 01/30/2014 - Miller, Chevon
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 65 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Anda Suso*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Suso, Executive Director* Date *4/14/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/17/14</u> (Date)	Plan of correction implementation status as of <u>4/17/14</u> (Date)
The above plan of correction was approved by <u>DS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield
Address of PCH: 631 Stony Hill Road, Yardley, PA 19067
License number: 138090
Inspection date(s): January 30, 2014
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Anna D'Urso, Executive Director
Signature of Sunrise Representative: Anna D'Urso
Date of Submission: 4/14/14

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
54 (a)	1/15/14	Staff person A was removed from service on 1/3/14, prior to the DPW investigation. Upon conclusion of internal investigation, team member was terminated on 1/15/14.
	2/7/14	All current employee files were audited to ensure that each direct care staff person has a high school diploma, GED diploma or active registry status on the PA nurse aide registry.
	1/30/14 and ongoing	All candidates will be informed, prior to an extension of a job offer, that their High School Diploma, GED or nurse aide certification must meet the criteria outlined by the PA DPW regulations.
	1/30/14 and ongoing	If there is a question whether the diploma meets the criteria, the Business Office Coordinator or Human Resource Designee refers to the Listing of Schools on the PA Department of Education website: http://www.education.state.pa.us/portal/server.pt/community/list_of_schools/7422
	1/30/14 and ongoing	If it cannot be determined from the Listing of Schools, the Business Office Coordinator or HR Designee requests a copy of the transcripts and diploma and send them to the Department of Education for an equivalency evaluation.
	1/30/14 and ongoing	Prior to scheduling candidates for orientation, the hiring manager reviews each prospective hire's file to ensure pre-employment requirements are met.
	1/30/14 and ongoing	The Executive Director and the Business Office Coordinator each sample 5% of team member files each quarter to ensure compliance with 54 (a).