



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 0 1 2014

Mr. Michael J. Stein, Vice President of Management Company  
MS Lower Makefield SH LLC  
7902 Westpark Drive  
McLean, Virginia 22102

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

Dear Mr. Stein:

As a result of the Department of Public Welfare's licensing inspection on May 29, 2014 and May 30, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period August 13, 2014 to August 13, 2015 was issued on April 29, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

*MJ*

Enclosure  
Licensing Inspection Summary

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

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 13809
Address: 631 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: Anda Durso <i>Anda Durso</i>	Region: SOUTHEAST	
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
<b>Certificate(s) of Occupancy</b> 1-2 07/16/2008 Lower Makefield Twp.		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 132                      Working Staff: 89		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/29/2014: Kazimer, Lauren; McHale, Christine; Keppel, Autumn 05/30/2014: Kazimer, Lauren; McHale, Christine; Keppel, Autumn		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>   		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 95 Number of Residents Served: 82 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: 10 Number of Hospice Residents in past year: 29	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 50 Have a Physical Disability: 0	

Violation Report: 13809 - 05/29/2014 - Kazimer, Lauren  
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
2600.86(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
The rectangular trash can, located at the entrance of the main kitchen, did not have a lid and was 3/4 full of garbage.

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.

Please see page 1 of attached plan of correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Anda Burso, Executive Director*      Date *7/14/14*

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

The above plan of correction is approved as of 7/23/14  
(Date)

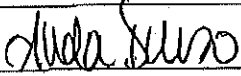
Plan of correction implementation status as of 7/24/14  
(Date)

The above plan of correction was approved by [Initials]  
(Initials)

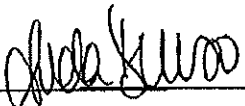
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

### 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): May 29 & May 30, 2014  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Anda Durso, Executive Director

Signature of Sunrise Representative:   
 Date of Submission: 7/14/14

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
85 (d)	5/30/14	The lid for this trash can was broken. The Dining Services Coordinator removed this trashcan the same day and discarded it.
	6/4/14	The Executive Director conducted the monthly Town Hall meeting during which she reviewed regulation 85 (d) and stressed the importance of trash cans in kitchens and bathrooms being kept in trash receptacles that prevent the penetration of insects and rodents.
	6/9/14	A new trash can with a lid was ordered by the Dining Services Coordinator and arrived 6/9/14.
	5/30/14 & ongolng	The Dining Services Coordinator and Executive Director will conduct weekly inspections of the kitchen trash receptacles to ensure they are covered.

Signature of Sunrise Representative:  Date: 7/14/14

*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 law.*

Violation Report: 13809 - 05/29/2014 - Kazimer, Lauren  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for Accu-check to be done twice daily. The home determined that the first check would be done at 6:30am and the second check would be done at 8:00pm. Upon reviewing the readings on resident #1's glucometer, it was determined that on the dates of 5/8/14, 5/7/14, 5/8/14, 6/22/14, 5/25/14, 5/27/14, and 5/29/14, staff did not do the 6:30am blood sugar check, but still documented blood sugar levels on the medication administration record.

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 page 2 of attached plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Surso, Executive Director* Date *7/14/14*

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The above plan of correction is approved as of 7/23/14 (Date)

Plan of correction implementation status as of 7/24/14 (Date)

The above plan of correction was approved by CIRM (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187 (b)	5/30/14	The resident's physician was notified that his blood sugar checks were missed for the dates and times listed above. The resident has not had any adverse effects related to this incident.
	6/4/14	The Executive Director conducted the monthly Town Hall meeting with all team members during which she reviewed regulation 187 (a) 14 and the importance of recording the date and time of the medication administration at the time the medication is administered.
	6/5/14	The team member involved has been terminated.
	5/30/14 & Ongoing	The Health Care Coordinator or the Wellness nurses monitor the glucometers 3 times a week to ensure blood sugar result was performed and accurate. This record will be kept in a binder in the Wellness office.
	6/19/14	A training was held with all medication care managers by [REDACTED] a representative from Arkray, the manufacturer of the glucometer. He demonstrated the proper use of glucometer as well as care and cleaning.

Signature of Sunrise Representative:  Date: 7/14/14

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Violation Report: 13809 - 05/29/2014 - Kazimer, Lauren  
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Accu-check to be done twice daily. The home determined that the first check would be done at 6:30am, and the second check would be done at 8:00pm. Staff did not follow the directions of the prescriber by not doing the 6:30am check on the following dates; 5/8/14, 5/7/14, 5/8/14, 5/22/14, 5/25/14, 5/27/14, and 5/29/14.

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 page 3 of attached  
plan of correction.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/30/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea Nuvso, Executive Director*      Date *7/14/14*

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The above plan of correction is approved as of 7/24/14 (Date)

The above plan of correction was approved by OPM (Initials)

Plan of correction implementation status as of 7/24/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187 (d)	6/4/14	The Executive Director conducted the monthly Town Hall meeting with all team members during which she reviewed regulation 187 (d) and the importance of following the directions of the prescriber.
	6/5/14	The team member involved has been terminated.
	6/19/14	The medication care managers were retrained by the Health Care Coordinator on the importance of accuracy and following directions of the prescriber. All glucometers were inspected by [REDACTED] and proper date and time were updated into each machine.
	5/30/14 & Ongoing	The Health Care Coordinator or the Wellness nurses monitor the glucometers 3 times a week to ensure blood sugar result was performed and accurate. This record will be kept in a binder in the Wellness office.
	5/30/14 & Ongoing	The Health Care Coordinator or designee conduct random MAR audits and compare with the medications contained in the cart to ensure that the prescriber's orders were followed.

Signature of Sunrise Representative: Andrea Nuro, ED Date: 7/23/14

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Violation Report: 13809 - 05/29/2014 - Kazimer, Lauren  
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
-Resident #2 was admitted to the SDCU on 11/6/13. The home has no documentation that the resident and the resident's designated person have not objected to the resident's admission to the SDCU.  
-Resident #3 was admitted to the SDCU on 4/15/14. There is no documentation that the resident does not object to his admission to the SDCU.

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 page 4 of attached plan of correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Anda Russo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Russo, Executive Director*      Date *7/14/14*

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

The above plan of correction is approved as of *7/23/14* (Date)

Plan of correction implementation status as of *7/24/14* (Date)

The above plan of correction was approved by *DRM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
231 (e)	6/2/14	The Reminiscence (Secured Dementia Unit) Coordinator met with residents #2 and #3 and their families to ensure they had no objections to being placed in the secured dementia unit. The Reminiscence Coordinator documented in these residents' charts that the residents and their families do not object to being placed in the SDCU.
	6/5/14	The Reminiscence Coordinator conducted a chart audit for all residents to ensure documentation existed for each resident in the SDCU noting that the resident and the resident's designated person does not object to admission to the SDCU.
	5/30/14 & Ongoing	The Reminiscence Coordinator, the Directors of Sales, the Health Care Coordinator and the Executive Director met and reviewed regulation 231 (e). Every admission is reviewed at three different levels (Reminiscence Coordinator, Director of Sales and Health Care Coordinator) to ensure documentation is present.
	6/1/14 & Ongoing	The Reminiscence Coordinator and Executive Director or designee reviews SDCU resident charts on a quarterly basis to ensure they contain the necessary documentation indicating no objections from the resident or their designated person to being admitted to the SDCU.

Signature of Sunrise Representative: Anda Suwono Date: 7/14/14

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