



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 25 2016

Mr. Edward Frantz, Vice President/Secretary
MS Lower Makefield SH, LLC, Licensing
ATTN: Alma Tomlin
7902 Westpark Drive
McLean, Virginia 22102

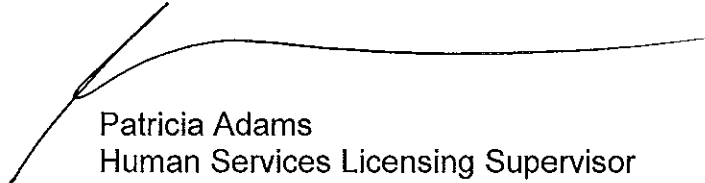
RE: Sunrise Senior Living of Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067
License #: 138090

Dear Mr. Frantz:

As a result of the Department of Human Services' licensing inspection on March 15, 2016 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,



Patricia Adams
Human Services Licensing Supervisor

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: TAHSBA GRAHAM		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		
Resident Support: 0	Total Dally Staff: 116	Waking Staff: 87
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
03/15/2016: Keppel, Autumn; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
04/04/2016: Keppel, Autumn		
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: 10 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 1	

Violation Report: 13809 - 03/15/2016 - Keppel, Autumn
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 11/18/15. From January 2016 to February 2016, the resident's care needs significantly changed as the resident began to decline mentally and physically. During these months, Resident #1 experienced hallucinations and would do things such as reach for items on the floor that were not there. The resident was confused and at times could not remember how to use their walker. The resident was also verbally and physically aggressive with staff and had become increasingly difficult to provide care for. They would not always cooperate with staff and at times required total physical assistance with activities of daily living. Due to the resident's decline and poor safety awareness, their supervision needs increased and more frequent checks were being performed to ensure the resident's safety. The resident's need and use of their wheelchair also significantly increased. The home did not complete a new assessment of the resident's needs to reflect these changes.

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.

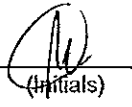
Please See Attached Plan of Correction.
 J. Szatkowski 8/4/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Francine Szatkowski, Administrator/Business Office Coordinator Date 8/4/16

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

The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>8/11/16</u> (Date)
The above plan of correction was approved by  (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): 3/15/16
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Francine Szatkowski, Administrator/Business Office Coordinator

Signature of Sunrise Representative: 
 Date of Submission: 8/5/16

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.225 (c)	8/4/16	Resident #1 passed away on [REDACTED] '16, prior to the DHS complaint inspection on 3/15/16. The community was therefore unable to complete a new assessment for this resident.
	8/9/16	An in-service will be held by the Executive Director for the Care Coordinators and the Resident Care Director to review the significant changes that would require a new assessment and support plan.
	8/5/16 and Ongoing	Team Members will continue to report changes in residents' conditions. The coordinators will review this information on a daily basis, and updates or new assessments and support plans will be developed and implemented.
	8/9/16 and Ongoing	Significant resident changes will continue to be discussed weekly at the community's At Risk meeting. The Executive Director, Resident Care Director and Care Coordinators will review updates and newly developed resident assessments against the support plans to ensure that they have been completed for each significant change.
	8/18/16 and Ongoing	This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting to evaluate effectiveness in maintaining compliance with this Plan of Correction.

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.