



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

AUG 26 2016

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' annual licensing inspection on May 26, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License 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: Francine Szalkowski		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy Other 07/16/2008 Lower Makefield Township		
Staffing Hours Resident Support: 165 Total Daily Staff: 311 Waking Staff: 233		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/26/2016: Kazimer, Lauren; Freeman, Sabrina; Brewer, Roslyn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Full 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: 9 Number of Hospice Residents in past year: 17	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: 57 Have a Physical Disability: 0	

Violation Report: 13809 - 05/26/2016 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On May 26, 2016, at 2:30 PM, there was no thermometer in the freezer on the Reminiscence Unit.

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 POC
 [Signature] 6/28/16

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 Date
 (Required on EVERY Page) Francine Szatkowski, Administrator/Business Office Coordinator 6/28/16

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


The above plan of correction is approved as of 6/30/16 (Date) Plan of correction implementation status as of 6/30/16 (Date)

The above plan of correction was approved by [Signature] (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): 5/26/16
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Francine Szatkowski, Administrator/Business Office Coordinator

Signature of Sunrise Representative: 
 Date of Submission: 6/28/16

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.103(f)	5/26/16	The violation was corrected immediately during the inspection. The Business Office Coordinator placed a thermometer into the freezer in the Reminiscence Neighborhood. The Reminiscence Coordinator discovered that there is a digital thermometer on the freezer door that notes the temperatures of both the refrigerator and freezer at all times.
	5/26/16 and Ongoing	In addition to the digital thermometer on the freezer door, the Reminiscence Coordinator will ensure that there is always a manual thermometer in the freezer by assigning the Medication Care Managers to complete a weekly check of the refrigerator and freezer. The Medication Care Managers will ensure that the thermometers are in place and functional, and they will obtain replacement thermometers immediately, if necessary.
	7/1/16 and Ongoing	The Reminiscence Coordinator will complete monthly checks of the refrigerator and freezer to ensure that the thermometer is in place, and that the Medication Care Managers are continuing to complete their weekly checks.
	7/21/16 and Ongoing	This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Reminiscence Coordinator will present the findings of the monthly checks during the QAPI meeting to discuss any issues and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.

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 - 05/26/2016 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On May 26, 2016, at 4:45 PM, a dented can of chocolate pudding was observed in the kitchen pantry.

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 POC

[Signature] 6/28/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Francine Szatkowski Business Office Coordinator* Administrator
 Date *6/28/16*

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

The above plan of correction is approved as of *6/30/16*
 (Date)

Plan of correction implementation status as of *6/30/16*
 (Date)

The above plan of correction was approved by *[Signature]*
 (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
2600.103(i)	<p>5/26/16</p> <p>6/10/16</p> <p>6/10/16 and Ongoing</p> <p>7/21/16 and Ongoing</p>	<p>The Dining Services Coordinator immediately removed the dented can of chocolate pudding from the kitchen pantry, and placed it on the shelf designated to hold dented cans awaiting proper disposal.</p> <p>The Dining Services Coordinator facilitated an in-service with the dining staff to reiterate that when cases of cans come in, the Dining Services Coordinator or one of the cooks will unpack the case, check each can thoroughly for dents, and if discovered, the can will be placed on the shelf designated for dented cans.</p> <p>The Dining Services Coordinator will monitor the staff in the kitchen to ensure that no dented cans are integrated in with the resident food inventory. All dented cans will be placed on a designated shelf and will be disposed of properly.</p> <p>This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Dining Services Coordinator will discuss the continued effectiveness of the current system during the QAPI meeting. The QAPI committee will determine the need for additional process changes and/or monitoring.</p>

Francine Szatkowski
Francine Szatkowski 6/28/16

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Violation Report: 13803 - 05/26/2016 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 The home failed to document the medication administration record based on the glucometer readings.
 On May 18, 2016, the glucometer readings were:
 155 at 5:53 PM
 275 at 4:35 PM
 193 at 10:05 AM
 The medication administration record documented on this date:
 150 at 6:30 AM
 290 at 5 PM
 172 at 8 PM.

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 POC
 J. Schubert 6/28/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator
 Francine Szatkowski Business Office Coordinator Date 6/28/16

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

The above plan of correction is approved as of 6/30/16 (Date)
 Plan of correction implementation status as of 6/30/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
 The above plan of correction was approved by *AS* (Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.182(c)	5/27/16 6/18/16 6/18/16 and Ongoing	<p>The Resident Care Director had a documented discussion with the staff member responsible for the documentation error. The staff member acknowledged that they understood that all glucometer readings must be documented immediately to avoid any errors moving forward.</p> <p>The Resident Care Director facilitated a meeting with the Medication Care Managers to discuss the expectations for the use and maintenance of the glucometers. The Medication Care Managers were reminded that glucometers are not to be shared, all readings are to be properly documented as they occur, and glucometers are to be properly cleaned according to the schedule.</p> <p>Medication Care Managers will comply with the guidelines for the proper usage and care of the glucometers, and they will be diligent in documenting readings immediately after they occur. The Resident Care Director and Wellness Nurses will oversee the Medication Care Managers to ensure that proper procedures are being followed at all times. Each Wellness Nurse and the Resident Care Director will be assigned a specific medication cart to oversee the accuracy of the glucometer readings and to provide staff education as needed in the moment. Monthly meetings will be held with the Medication Care Managers to review ongoing compliance.</p>
	7/21/16 and Ongoing	<p>This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Resident Care Director will present the glucometer procedure compliance findings during the QAPI meeting to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.</p>


Francine Szatkowski 6/28/16

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Violation Report: 13809 - 05/26/2016 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The label for resident # 2's Hydralazine HCL 10 mg documents four times a day. The medication administration record documents three times a day.
 The label for resident # 2's Furosemide 40 mg documents once a day. The medication administration record documents twice a day as the order was changed on 5/24/16 from once a day to twice a day.

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 POC
 Jhbw 6/28/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrators</i> <i>Frankie Szatkowski Business Office Coordinator</i>	Date <i>6/28/16</i>
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The above plan of correction is approved as of <i>6/30/16</i> (Date)	Plan of correction implementation status as of <i>6/30/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.184(a)	<p>5/26/16</p> <p>5/27/16</p> <p>6/18/16</p> <p>6/18/16 and Ongoing</p> <p>7/21/16 and Ongoing</p>	<p>The Resident Care Director placed the correct label on the medications at the time of the survey.</p> <p>The Resident Care Director completed a MAR to cart audit to ensure that all prescription labels matched the directions listed on the MAR. The audit also concluded that medications had been properly administered based on the directions listed on the MAR.</p> <p>The Resident Care Director facilitated an in-service with the Wellness Nurses to discuss the expectation that the Wellness team is to directly oversee the MAR to cart audits with the Medication Care Managers.</p> <p>The Wellness Nurses will complete MAR to cart audits with the Medication Care Managers on a weekly basis, to ensure the accuracy of all medication labels versus what is listed on the MAR. Monthly meetings will be held with the Wellness Nurses and Medication Care Managers to review ongoing compliance. Monthly Recaps will undergo a second check by another nurse to further ensure accuracy.</p> <p>This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Resident Care Director will present the weekly MAR to cart audit findings during the QAPI meeting to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.</p>

Francine Szatkowski
Francine Szatkowski 6/28/16

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Violation Report: 13809 - 05/26/2016 - 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 glucometer readings three times a day. On May 24, 2016, resident # 1's glucometer read 348 at 7:07 AM. The home failed to document this fourth or extra glucometer reading for resident # 1.

Resident # 1's ointment was discontinued on May 8, 2016. The home continued to administer the medication to resident # 1 as of the date of the inspection on May 26, 2016.

The label for resident # 2's Furosemide 40 mg documents once a day. The medication administration record documents twice a day as the order was changed on 5/24/16 from once a day to twice a day.

Resident # 3's Lacri-lube ointment was discontinued on May 8, 2016. The home continued to administer the medication twice a day to resident # 3 as of the date of the inspection on May 26, 2016.

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 POC
 J.R.H. 6/28/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *J.R.H.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrators* Date *6/28/16*
Francine Szatkowski Business Office Coordinator

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The above plan of correction is approved as of *6/29/16*
 (Date)

Plan of correction implementation status as of *6/29/16*
 (Date)

The above plan of correction was approved by *[Signature]*
 (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
2600.187(d)	5/26/16	The Resident Care Director placed a change of direction label on Resident #2's Furosemide to reflect the correct instructions that were listed on the MAR at the time of inspection.
	5/27/16	The Resident Care Director obtained doctor's orders to discontinue Resident #3's Lacri-lube. Resident #1's ointment had been discontinued by the physician and was removed from the medication cart. The Resident Care Director also completed an audit of the medication carts, and obtained doctors' orders to discontinue any medications no longer in use by the residents.
	5/27/16	The Resident Care Director had a documented discussion with the staff member responsible for Resident #1's glucometer reading documentation error. The staff member acknowledged that they understood that all glucometer readings must be documented immediately to avoid any errors moving forward, and that any additional readings must be noted with an explanation on the back of the MAR. The Wellness team must also be notified of any additional glucometer readings so that appropriate follow-up can be completed.
	6/16/16	The Resident Care Director issued a performance counseling to the staff member responsible for transcribing inaccurate orders, which led to subsequent medication errors. The expectations for correct transcriptions of medications were reviewed with and agreed upon by the staff member.
	6/18/16	The Resident Care Director facilitated an in-service with the Wellness team which outlined the expected method for obtaining, transcribing, and discontinuing orders from the physicians.
	6/18/16 and Ongoing	MAR to cart audits will continue on a weekly basis by the Wellness team to ensure the accuracy of all orders on the MARs as compared with the instructions listed on the medications in the carts. Monthly meetings will be held with the Wellness team to review ongoing compliance.
	7/21/16 and Ongoing	This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Resident Care Director will present weekly MAR to cart audit findings during the QAPI meeting to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.

Francine Szatkowski
Francine Szatkowski 6/28/16

Violation Report: 13809 - 05/26/2016 - Kazimer, Lauren
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's annual inspection was conducted on May 26, 2016. A review of staff person A's annual medication administration training was post-dated for May 27, 2016.

The home's medication administration training record for staff person A did not include documentation of the first medication administration record review, pass results, and the first medication administration observation date.

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 POC
 J. H. H. 6/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *J. H. H.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Francine Szatkowski Administrator / Business Office Coordinator* Date *6/28/16*

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

The above plan of correction is approved as of *6/30/16*
 (Date)

Plan of correction implementation status as of *6/30/16*
 (Date)

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

The above plan of correction was approved by *J. H.*
 (Initials)

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.190(c)	<p>5/27/16</p> <p>6/16/16</p> <p>6/16/16 and Ongoing</p> <p>7/21/16 and Ongoing</p>	<p>The Resident Care Director rewrote the Medication Observation Form for Staff Member A and noted the appropriate date on which the observation was completed. The corrected form was attached to the original observation form. Upon investigation, the Resident Care director concluded that the individual observation dates noted for Staff Member A were accurate. An audit of the other observation records did not reveal any other issues.</p> <p>The Resident Care Director issued a performance counseling to the staff member responsible for post-dating staff person A's annual medication administration training. The staff member was reminded of the importance of documenting medication observations as they occur, and was directed to only note accurate dates on the forms.</p> <p>The Resident Care Director will oversee the medication observations with the Wellness Nurse, and all entries will be reviewed for accuracy.</p> <p>This Plan of Correction will be reviewed monthly by the management team at the Quality Assurance and Performance Improvement (QAPI) meeting to evaluate consistency in maintaining compliance with this regulation. Specifically, the Resident Care Director will present Medication Observation oversight findings during the QAPI meeting to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.</p>

Franene Szatkowski
 Franene Szatkowski 6/28/16

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