



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APR 24 2017

Mr. David Allen, Executive Director
MS Lower Makefield SH, LLC
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. Allen:

As a result of the Department of Human Services' licensing inspection on November 28, 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 "Patricia Adams", with a long horizontal flourish extending to the right.

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13809 - 11/28/2016 - Thomas, Tahesia
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the home on [redacted] 16 without a supply of their medication. The home did not administer the resident's Amlodipine Besylate 5mg, Anastrozole 1mg and Levitraclam 500mg on [redacted] 16 at 9:00 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 Plan of Correction
 [Signature] 11/19/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/26/2016
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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 Szatkowska, Business Office Coordinator/Administrator Date 11/19/17

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

The above plan of correction is approved as of 1/20/17
 (Date)

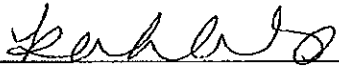
Plan of correction implementation status as of 1/20/17
 (Date)

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): 11/28/16
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Francine Szatkowski, Administrator/Business Office Coordinator

Signature of Sunrise Representative: 
 Date of Submission: 1/19/17

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
187(d)	11/10/16- 11/11/16	When the resident arrived at the community at around 8:00 PM on [REDACTED] 16, the Wellness team ordered the medications from Omnicare. The medications arrived during the afternoon on [REDACTED] 16.
	11/10/16 and On-Going	For each new move-in, the Wellness team will contact the resident's family and/or departing facility 24 hours in advance to ensure that all medications are delivered to the community prior to the resident's arrival.
	December 2016 and On-Going	The Medication Care Managers were instructed to keep written documentation with details of when medications were ordered, so that subsequent shifts could follow-up if the medications had not arrived. The Medication Care Managers were reminded that when new medications arrive, they need to be scanned into the system and placed in the medication cart immediately.
	On-Going	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. 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.