



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Mr. Edward Frantz,  
Vice President & Secretary  
MS Lower Makefield SH, LLC  
Attn: Menerva Philson  
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' annual licensing inspections on May 11, 2017 and May 12, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary




Violation Report: 13809 - 05/11/2017 - Parker, Shawn  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 On 05-12-17, there was a large accumulation of lint in the lint trap of the dryer in the main laundry room on the 1st floor.

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*  
  
 6/3/2017

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


Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shawn Parker, Executive Director* Date *6/3/2017*

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

The above plan of correction is approved as of *6/5/17*  
 (Date)

Plan of correction implementation status as of *6/5/17*  
 (Date)

The above plan of correction was approved by   
 (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 11<sup>th</sup> & 12<sup>th</sup> 2017  
 Name/Title of Legal Entity Representative Signing the Plan of Correction:  
Shanna Garland, ED

Signature of Sunrise Representative:   
 Date of Submission: 6/3/2017

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.105 (g)(1)	Immediate	Maintenance Coordinator immediately removed lint from the lint trap of the dryer.
	5/12/2017	Maintenance Coordinator inspected all dryers to ensure that lint traps and drums were free from lint.
	6/1/2017	All Housekeeping and front line staff have been re-trained on necessity of cleaning out the lint from the dryer lint traps and drum after each use.
	5/12/2017 and ongoing	Dryers will be inspected daily by the housekeeping team to ensure that lint traps and drum are being properly evacuated from any accumulation of lint.
	5/12/2017 and ongoing	Maintenance Coordinator will do random checks on each dryer on a weekly basis to ensure compliance with removing lint
	5/12/2017 and ongoing	This Plan of Correction was and will continue to 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 Maintenance Coordinator will report continued compliance with this regulation and present his findings to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.



Violation Report: 13809 - 05/11/2017 - Parker, Shawn  
 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:

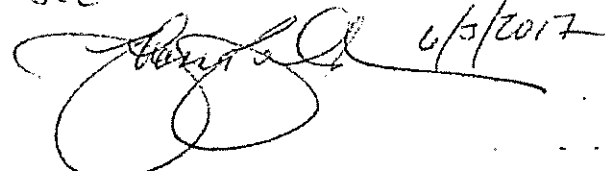
- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The label for resident # 1's Lantus Insulin states inject 14 units. The MAR states inject 6 units of Insulin.

**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*  
  
 6/5/2017

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

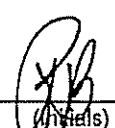


Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shawn Parker, Executive Director	6/5/2017


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

The above plan of correction is approved as of 6/5/17  
 (Date)

Plan of correction implementation status as of 6/5/17  
 (Date)

The above plan of correction was approved by   
 (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
2600.184(a)	5/12/2017	Change of direction label was placed on the resident #1's Lantus Insulin by the Resident Care Director to match the physician's change order reflecting resident's dosage change.
	5/12/2017 and ongoing	Throughout each medication pass, Medication Care Managers will check the medication label against the order to ensure that any physician change orders are updated on a change of direction label and placed on the resident's corresponding medication.
	5/12/2017 and ongoing	Resident Care Director will be conducting Monthly MAR to Cart Audits to ensure all change of direction order labels are in place to safely administer resident medication and adherence to the Medication Administration Policy
	5/12/2017 and ongoing	Resident Care Director will review adherence to Medication Administration Policy, including necessity of change of direction label each time a physician changes an order, at monthly Medication Manager Meeting.
	5/12/2017 and ongoing	<p>This Plan of Correction was and will continue to 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 her monthly 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> 

*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 - 05/11/2017 - Parker, Shawn  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

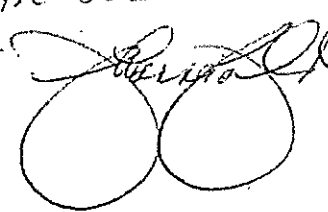
2a. DESCRIPTION OF VIOLATION

Resident # 2's Loperamide 2 mg PRN not available in home.

Resident # 3's Acetaminophen 325 mg PRN not available in home.

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*  
  
 6/5/2017

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)


Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date


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

The above plan of correction is approved as of 6/5/17  
 (Date)

Plan of correction implementation status as of 6/5/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Regulation 55 Pa. Code § 2800	Target Date by Which Correction will be completed	Plan of Correction
2600.185(a)	5/12/2017	Resident Care Director immediately ordered and placed resident #2's Loperamide 2mg in the medication cart for PRN use. Resident Care Director immediately ordered and placed resident #3's Acetaminophen 325 mg in the medication cart for PRN use.
	5/12/2017 and ongoing	MAR to Cart Audits will be conducted by the Medication Care Managers on a weekly basis to ensure that all medications are available in the carts for both scheduled and PRN medications. Any medications needed will be immediately ordered.
	5/12/2017 and ongoing	Resident Care Director will be conducting Monthly MAR to Cart Audits to ensure all medications are available in the carts for both scheduled and PRN medications.
	5/12/2017 and ongoing	Resident Care Director will review adherence to Medication Administration Policy, including prompt ordering of all prescribed medication to ensure availability to the residents at all times, at monthly Medication Manager Meeting.
	5/12/2017 and ongoing	<p>This Plan of Correction was and will continue to 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 her monthly 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> 


*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 - 05/11/2017 - Parker, Shawn  
 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 medication administration training record for staff person A shows their Diabetes Education Training Certificate expired 10-14-16 and was renewed 01-23-17. Staff person A issued Novalog insulin and lantus insulin to multiple residents in November 2016 and December 2016 while their certificate was expired.

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*  


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

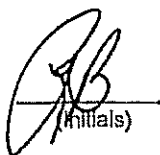
Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Barbara Taylor Executive Director* Date *6/3/2017*

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

The above plan of correction is approved as of 6/5/17  
 (Date)

Plan of correction implementation status as of 6/5/17  
 (Date)

The above plan of correction was approved by   
 (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
2600.190 (c)	5/12/2017	Resident Care Director reviewed all Diabetic Certifications to ensure they were currently in compliance.
	5/12/2017	Tracking system for Diabetic Education Training Certificates is in place to ensure current Medication Care Managers stay within compliance
	5/12/2017 and ongoing	Resident Care Director will review Tracking system for Diabetic Education Training on a Monthly basis and schedule Diabetic Education Training classes as needed.
	5/12/2017 and ongoing	This Plan of Correction was and will continue to 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 her tracking for Diabetic Education Training at the monthly QAPI meeting to confirm compliance. 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 - 05/11/2017 - Parker, Shawn  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 Resident # 4 was admitted to the home [REDACTED]. The pre screening was completed 01-04-17. This exceeds 30 days prior to the resident moving into the home.

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*  
*[Signature]* 6/3/2017


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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shawn Parker, Executive Director* Date *6/3/2017*

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction implementation status as of <u>6/5/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Regulation 55 Pa. Code § 2600,	Target Date by Which Correction will be completed	Plan of Correction
2600.224(a)	<p>5/12/2017</p> <p>5/12/2017 and ongoing</p> <p>5/12/2017 and ongoing</p> <p>5/12/2017 and ongoing</p>	<p>All prescreens were reviewed by Resident Care Director to ensure they currently meet the 30 days criteria.</p> <p>Resident Care Director will review all resident prescreens prior to move in to ensure that documentation has been completed within the allotted timeframe.</p> <p>Executive Director will select prescreens to review on a monthly basis to ensure they are completed within 30 days of move in.</p> <p>This Plan of Correction was and will continue to 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 and Executive Director will present/discuss which residents moved in during the month and confirm their prescreens were completed. The QAPI committee will determine the need for additional process changes and/or monitoring.</p> 

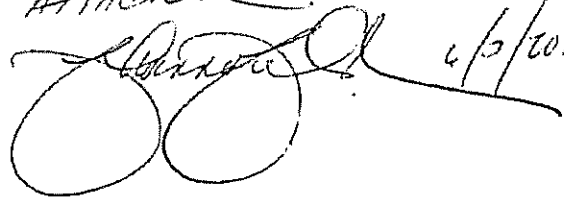
*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

Violation Report: 13809 - 05/11/2017 - Parker, Shawn  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 The assessment for resident # 5's indicates the resident has a need for assistance for agitation and aggression issues. The resident's support plan states that "family" will be responsible to assist with these issues. This is invalid because family is not always in the home.

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.

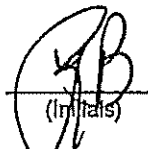
*Please see attached*  
  
 6/3/2017


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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shawn Parker, Executive Director</i>	<i>6/3/2017</i>

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

The above plan of correction is approved as of <u>6/3/17</u> (Date)	Plan of correction implementation status as of <u>6/5/17</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

Regulation 55 Pa Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.227(d)	<p>5/12/2017</p> <p>5/12/2017 and ongoing</p> <p>5/12/2017 and ongoing</p> <p>5/12/2017 and ongoing</p>	<p>Resident #5's support plan was updated to reflect the staff as the party responsible for implementing interventions during his time of need.</p> <p>Resident Assessments and Support plans were reviewed by the Care Coordinator Team for all residents at the community to ensure needs for assistance were identified, and interventions were in place identifying the correct responsible party.</p> <p>Care Coordinators and Resident Care Director will review all assessments and service plans on a routine basis to ensure that they accurately and comprehensively represent the resident's needs and appropriate interventions.</p> <p>This Plan of Correction was and will continue to 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 Care Coordinators and Resident Care Director will present which residents they have reviewed to ensure appropriate updates have been made at the QAPI meeting. The QAPI committee will determine the need for additional process changes and/or monitoring.</p> <p style="text-align: right;"></p>

*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.*