



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 02 2017

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' licensing inspection on 08/23/17, which we conducted on-site inspections] 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 "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

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: Shanna Garland		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy N/A N/A		
Staffing Hours		
Resident Support: 78	Total Daily Staff: 201	Waking Staff: 151
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/23/2017: Parker, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 78 Secured Dementia Care Unit in Home: Yes Area: in home Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 14 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 0	

Violation Report: 13809 - 08/23/2017 - Parker, Shawn
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

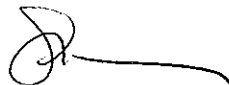
2a. DESCRIPTION OF VIOLATION

On 08-14-17 it was reported resident # 1 was video tapped on the home's property by Staff member A. This was disrespectful to the resident and a violation of their rights. The video was uploaded to snap chat which is a shared viewing media application. Staff member A admitted to the recording on their cell phone.

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.

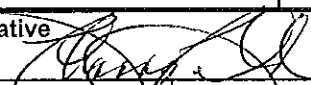
Please see attached POC.



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)

Sharon Carter, Executive Director

Date

9/11/2017

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The above plan of correction is approved as of

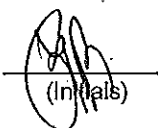
9/26/17
 (Date)

Plan of correction implementation status as of

9/26/17
 (Date)

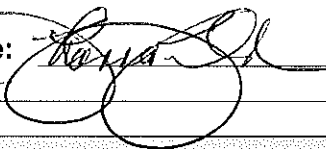
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

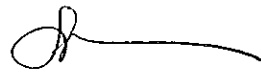
The above plan of correction was approved by


 (Initials)

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): August 23rd, 2017
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Shanna Garland, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 9/11/2017

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42(c)	Immediate 8/14/2017	Executive Director conducted an investigation and terminated employment of Staff Member A.
	8/21/2017	Executive Director and Business Office Coordinator ensured all Sunrise Team Members had reviewed and signed the Media Policy for 2017.
	8/21/2017	Business Office Coordinator ensured all Team Members have reviewed and had training in Resident Rights.
	9/6/2017	Executive Director and Business Office Coordinator reviewed with all Team Members at monthly Town Hall the strict adherence to the Media Policy and Resident Rights and Abuse
	8/21/2017 and Ongoing	Annually, Executive Director and Business Office Coordinator will ensure all team members have retraining in the Media Policy, Resident Rights & Abuse.
	9/8/2017 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 Business Office Coordinator will report continued compliance with this regulation and present her 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 - 08/23/2017 - Parker, Shawn
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600


2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 08-14-17 it was reported resident # 1 was video tapped on the homes property by Staff member A. This was an invasion of the residents privacy. The video was uploaded to snap chat which is a shared viewing media application. Staff member A admitted to the recording on their cell phone.

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.

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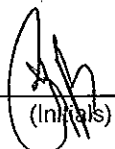
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Sharon Parker, Executive Director</i>	<i>9/11/17</i>

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The above plan of correction is approved as of <u><i>9/13/17</i></u> (Date)	Plan of correction implementation status as of <u><i>9/26/17</i></u> (Date)
The above plan of correction was approved by <u></u> (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
2600.42(s)	Immediate 8/14/2017	Executive Director conducted an investigation and terminated employment of Staff Member A.
	8/21/2017	Executive Director and Business Office Coordinator ensured all Sunrise Team Members had reviewed and signed the Media Policy for 2017.
	8/21/2017	Business Office Coordinator ensured all Team Members have reviewed and had training in Resident Rights.
	9/6/2017	Executive Director and Business Office Coordinator reviewed with all Team Members at monthly Town Hall the strict adherence to the Media Policy and Resident Rights and Abuse
	8/21/2017 and Ongoing	Annually, Executive Director and Business Office Coordinator will ensure all team members have retraining in the Media Policy, Resident Rights & Abuse.
	9/8/2017 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 Business Office Coordinator will report continued compliance with this regulation and present her findings to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.</p> 

Violation Report: 13809 - 08/23/2017 - 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

From June 2nd 2017 through June 15th 2017 26 residents missed various doses of medication because they weren't available in the home.


Resident # 2 didn't receive Tylenol extra strength 1000mg medication on 06-06-17 or 06-07-17 at 5:00pm

Resident # 2 didn't receive Colace capsule 100 mg (docusate sodium) on 7 occasions.

- 06-05-17 at 5:00pm
- 06-06-17 at 5:00pm
- 06-07-17 at 5:00pm
- 06-08-17 at 5:00pm
- 06-10-17 at 5:00pm
- 06-11-17 at 5:00pm
- 06-12-17 at 5:00pm

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


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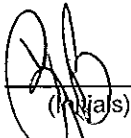
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shawn Parker Executive Director* Date *9/11/2017*


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 (Date)

Plan of correction implementation status as of 9/11/17
 (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
2600.185(a)	6/15/2017	Resident Care Director immediately ordered and placed resident #2's Tylenol 1000mg and Colace 100mg in the medication cart for administration.
	6/15/2017 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.
	6/15/2017 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.
	6/15/2017 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.
	6/30/2017	All Medication Care Managers were retrained on the strict adherence to ensuring all PRN and scheduled medications are available for administration in Medication carts through prompt re-ordering, and ensuring immediate follow up for any medications which are not delivered as scheduled.
	6/15/2017 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> 

Violation Report: 13809 - 08/23/2017 - Parker, Shawn
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:


- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Resident # 3 had medication mis-used. The order of Percocet 5/325 mg was decreased to 2.5mg on 06-23-17. The home continued to administer the Percocet 5/325 mg on 06-23-17, 06-24-17 and 06-25-17.

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


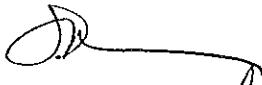
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shawn Parker, Executive Director* Date *9/11/17*

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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
2600.185(b)	6/28/2017	Resident Care Director immediately ensured that the previous order for Resident #3's Percocet 5/325mg was removed from the medication cart.
	6/28/2017	LPN was counselled and re-trained on how to check the 5 rights of medication administration.
	6/30/2017 and Ongoing	Resident Care Director will review adherence to Medication Administration Policy, including ensuring the 5 rights of medication administration, at monthly Medication Manager Meeting.
	6/30/2017 and Ongoing	Resident Care Director will be conducting Monthly MAR to Cart Audits to ensure all medications are available in the correct doses in the carts for both scheduled and PRN medications.
	6/30/2017 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> <p style="text-align: center;"> Please see attached POC</p>

Violation Report: 13809 - 08/23/2017 - Parker, Shawn
 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 # 3 had medication that was administered not following the orders of the prescriber. The order of Percocet 5/325 mg was decreased to 2.5mg on 06-23-17. The home continued to administer the Percocet 5/325 mg on 06-23-17, 06-24-17 and 06-25-17.

Resident # 2 has an order for Colace capsule 100mg to be administered daily at bedtime. Resident didn't receive medication 06-06-17 and 06-07-17, not following prescriber orders.

Resident # 2 has an order for Tylenol extra strength tablets 1000mg to be administered by mouth 2 times a day for pain. Resident didn't receive medication 06-05-17, 06-06-17, 06-07-17, 06-08-17, 06-10-17, 06-11-17, and 06-12-17 not following prescriber orders.

25 other residents missed medication that was supposed to be administered in June because it wasn't available in the home. This went against prescribers orders

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.

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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)	Date
Shawn Parker, Executive Director	9/11/17

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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
2600.187(d)	6/15/2017	Resident Care Director immediately ordered and placed resident #2's Tylenol 1000mg and Colace 100mg in the medication cart for administration as the treating physician prescribed.
	6/28/2017	Resident Care Director immediately ensured that the previous order for Percocet 5/325mg was removed from the medication cart in accordance with the order prescribed by the treating physician.
	6/15/2017 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 as prescribed by the treating physicians. Any medications needed will be immediately ordered.
	6/15/2017 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 as directed by the prescriber.
	6/15/2017 and ongoing	Resident Care Director will review adherence to Medication Administration Policy, including following the directions of all prescribers, prompt ordering of all prescribed medication to ensure availability to the residents at all times, at monthly Medication Manager Meeting.
	6/30/2017 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 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.
		