



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: FEB 09 2018

Mr. Edward Franz  
Vice President/Secretary  
MS Lower Makefield SH, LLC, Licensing  
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. Franz:

As a result of the Department of Human Services' licensing inspection on November 16, 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.

Sincerely,

  
Patricia Adams  
Regional Director

Enclosure  
Licensing Inspection Summary



Violation Report: 13809 - 11/16/2017 - Gray, Dean  
 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 10/18/17 Staff Member A forced Resident #1 to disrobe and shower despite repeated requests by the resident to stop.

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.

ATTACHED  


Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/23/2017	
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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) <i>Sharon Crawford, Executive Director</i>	Date <i>1/9/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/29/18  
 (Date)

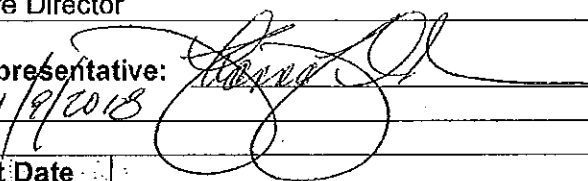
Plan of correction implementation status as of 1/29/18  
 (Date)

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):** November 16<sup>th</sup>, 2018  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Shanna Garland, Executive Director

**Signature of Sunrise Representative:**   
**Date of Submission:** 1/9/2018

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.42(c)	Immediate 11/16/2017	Executive Director conducted an investigation and determined team member (A) needed retraining in Resident Rights, Challenging Behaviors and Validation Techniques.
	11/17/2017	Team Member A was retrained on Resident Rights, Challenging Behaviors and use of Validation before returning to work.
	12/31/17	Executive Director and Business Office Coordinator ensured all Sunrise Team Members had retraining in Resident Rights, Challenging Behaviors and Validation techniques.
	11/17/2017 and ongoing	Annually, Executive Director and Business Office Coordinator will ensure all team members have retraining in Challenging Behaviors, Validation techniques, and Resident Rights & Abuse.
	12/31/2017 and Ongoing	This Plan of Correction was and will continue to be reviewed monthly for the next 6 months 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.

*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 - 11/16/2017 - Gray, Dean  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

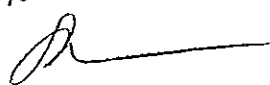
1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was on 03/07/17. The resident's last medical evaluation was completed on 02/16/16.

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.

*Attached*  


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>Ronald G. ... Executive Director</i>	<i>1/9/18</i>

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The above plan of correction is approved as of 1/29/18  
 (Date)

Plan of correction implementation status as of 1/29/18  
 (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
2600.141(b)	Immediate 11/16/2017	Executive Director and Resident Care Director reviewed all resident medical evaluations to ensure they are up to date.
	11/16/2017	Executive Director and Resident Care Director ensure there was a tracking system in place for all resident Medical Evaluations.
	11/16/2017 and ongoing	Bi-Weekly, the Wellness nurse will review the tracking system against the previously completed DMEs as a double check. She will put a plan in place the month prior to due date to ensure Medical Evaluations are completed on time.
	11/16/2017 and ongoing	Monthly the Resident Care Director will review the tracking process to ensure that all Medical Evaluations are current and on track.
	12/1/2017 and ongoing	This Plan of Correction was and will continue to be reviewed monthly for the next 6 months 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 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.

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