



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: May 7, 2018:

Mr. Michael J. Stein
Vice President
MS. Lower Makefield SH LLC
Attn: Menerva Philson
7902 Westpark Drive
McClellan, Virginia 22102

RE: Sunrise Senior Living of Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067
Certificate #: 138090

Dear Mr. Stein:

As a result of the Department of Human Services' licensing inspection on April 02, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Wilson".

Kenneth Wilson
Human Services Licensing Supervisor


Enclosure
Licensing Inspection Summary

Violation Report: 13809 - 04/02/2018 - Gray, Dean
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 On 11/3/17 and 03/21/18, resident #1 experienced a fall. The home has not completed a new assessment of the resident's needs to reflect these changes.

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) 

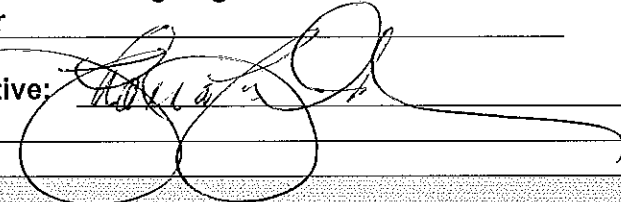
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SHARUNIA GRAYLAND	Date 5/1/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/7/18</u> (Date)	Plan of correction implementation status as of <u>5/7/18</u> (Date)
The above plan of correction was approved by <u>K.W.</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

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): April 2nd, 2018
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Shanna Garland, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 5/7/18

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.225(c)	Immediate 4/02/2018	Nursing and Care Coordinator reviewed Resident 1's history and current condition, which includes changes with the frequency of her falls.
	4/8/2018	Nursing and Care Coordinator completed the new assessment for resident 1, including her new ISP for the care team.
	4/9/2018 and ongoing	Nursing and Care Coordinators will be reviewing all resident Assessments and Service Plans who have experienced any changes to their overall needs for health and safety on a weekly or as needed basis. The Nursing team will track any resident falls that occur, which will assist in revealing trends for which the team can put interventions in place. Daily monitoring of documentation from the direct care team is also pertinent in alerting the Nursing team when changes in a resident's condition are occurring. Resident Assessments and Service Plans will be completed or updated upon any significant change in a resident's condition.
	4/9/2018 and Ongoing	This Plan of Correction will 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.

K.W. 5/7/18