



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

November 19, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
November 19, 2018

Mr. Michael J. Stein
Vice President
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. Stein:

As a result of the Department's Bureau of Human Services Licensing inspection on August 14, 2018 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.

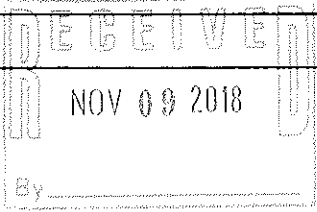
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams
Regional Licensing Director

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 1-2 07/16/2008 Lower Makefield Twp		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 114	Waking Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/14/2018: Gray, Dean; Heinberg, Jennie		
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: 70 Secured Dementia Care Unit in Home: Yes Area: Reminiscence Unit Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 29		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 44 Have a Physical Disability: 0

Violation Report: 13809 - 08/14/2018 - Gray, Dean
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 07/31/18, Resident 1 submitted a written complaint about staff A. The home did not submit an incident report to the Department until 08/03/18.

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) <u>Banner Garland, Executive Director</u>	Date <u>11/6/2018</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/9/18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11/15/18</u> (Date) <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
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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 14th, 2018
Name/Title of Legal Entity Representative Signing the Plan of Correction:
 Shanna Garland, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 11/6/2018

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.16(c)	Immediate	The Executive Director submitted an incident report to the Department of Human Services (DHS) regarding a complaint for Resident 1 on 8/3/2018
	8/22/2018	ED met with Leadership team and reviewed reporting procedure requirements, with a specific focus on allegations of abuse. Discussion included a review of all reportable incidents to DHS and timeframe of ensuring incidents are reported, within 24 hours.
	8/14/2018 and Ongoing	ED and all designee's will identify all complaints which are appropriate to be reported to the Department of Human Services and submit a written report within 24 hours of receiving the complaint.
	8/14/2018 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 Executive 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.

Violation Report: 13809 - 08/14/2018 - 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

The most recent assessment for Resident #1 was completed on 03/26/18. This assessment does not address the resident's need for adult briefs.

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.

ATTACHES



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) <u>Barbara Cantone, Executive Director</u>	Date <u>11/6/2018</u>
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The above plan of correction is approved as of 11/9/18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11/15/18
(Date)

- 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
2600.225(c)	Immediate 8/14/2018	Nursing and Care Coordinator reviewed Resident 1's most recent assessment and need for continence care and adult briefs.
	8/14/2018	Nursing and Care Coordinator completed the new assessment for resident 1, including her new ISP for the care team which identifies her need for adult briefs during the overnight hours or in the event she has an episode of incontinence.
	8/14/2018 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 Care Coordinator will review all resident continence needs, and ensure appropriate interventions are in place and captured in the Resident Assessment and Service Plans. Daily monitoring of documentation from the direct care team will occur to inform the Care Coordinators 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.
	8/22/2018	ED reviewed the responsibilities of the direct care team for monitoring and documenting any continence related care changes, and communicating those with the Care Coordinators at the Monthly Town Hall staff meeting.
	8/14/2018 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 Care Coordinators will report continued compliance with this regulation and present their 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.