



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

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 annual inspection on December 4 and 7, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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.

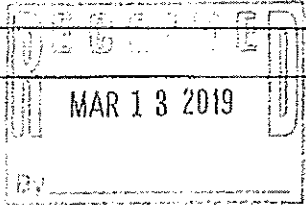
Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

POH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 13809
Address: 631 STONY HILL ROAD, YARDLEY, PA 19087		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 I-2 07/18/2008 Lower Makefield Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 127	Working Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Incident		
On-Site Inspection Dates and Department Representatives On-Site 12/04/2018: Thomas, Tahesia; Braswell, Natasha 12/07/2018: Thomas, Tahesia; Braswell, Natasha		
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: 96 ✓ Number of Residents Served: 76 ✓ Secured Dementia Care Unit In Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 29 ✓ Number of Residents Served In Secured Dementia Care Unit, if applicable: 27 ✓ Number of Current Hospice Residents: 7 ✓ Number of Hospice Residents in past year: 66 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 80 Years of Age or Older: 76 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 62 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 13809 - 12/04/2018 - Thomas, Tahasia  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 56 Pa.Code §2000  
 2800.42(o) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/08/18, staff member A infringed on resident # 1's right to be up and active during the 11 p.m. to 7 a.m. shift. Resident # 1 was sitting at the edge of her bed when staff member A started their shift. Staff member A did not speak with or complete an assessment with resident # 1 to understand why they were up in the evening hours. Staff member A's lack of showing dignity and respect to resident # 1 by insisting that resident # 1 lay down and rest in their bed.

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.

See attached 4/1/19 *MG*

*Attached POC*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SHANNA STANLEY, ESQ</i>	Date <i>3/10/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/1/19  
 (Date)

Plan of correction implementation status as of 4/1/19  
 (Date)

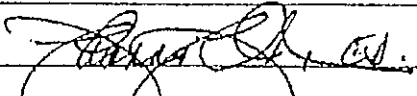
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented


The above plan of correction was approved by *MG*  
 (Initials)

## Sunrise Senior Living Plan of Correction

JA

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield  
 Address of PCH: 631 Stony Hill Road, Yardley PA 19087  
 License number: 138090  
 Inspection date(s): December 4<sup>th</sup> & December 7<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: March 13<sup>th</sup>, 2019

Regulation 66 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.42(c)	Immediate 12/10/2018	Executive Director concluded her investigation and terminated the employment of team member (A).
	2/6/2019	Executive Director and Business Office Coordinator ensured all Sunrise Team Members had retraining in Resident Rights, Challenging Behaviors and Validation techniques.
	2/6/2019 and ongoing	Annually, Executive Director and Business Office Coordinator will ensure all team members have retraining in Challenging Behaviors, Validation techniques, treating all residents with Dignity and Respect, and Rights and Abuse.
	3/12/2019 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.  Maintain audits for Department review for a period of three years. 4/1/19 

*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 - 12/04/2018 - Thomas, Tahesia  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 65 Pa. Code §2000  
 2800.42(p) - A resident shall be free from restraints.

2a. DESCRIPTION OF VIOLATION

On 10/08/18, staff member A chose to chemically restrain resident # 1 in order to complete their duties on the 11 p.m. to 7 a.m. shift. Staff member A did not use any other behavioral management methods before assessing that resident # 1 needed their prescribed PRN medication, Xanax, for increased anxiety. In addition, staff member A stated that they stayed in the room to ensure the medication took effect on resident # 1 before leaving the room.

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.*

See attached 4/1/19 *MCJ*

ATTACHED *MCJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARLENE CATLAND, ED</i>	Date <i>3/12/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!


The above plan of correction is approved as of 4/1/19  
 (Date)

The above plan of correction was approved by *MCJ*  
 (Initials)

Plan of correction implementation status as of 4/1/19  
 (Date)

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

3A

Regulation 65 Pa. Code § 2600	Target Date by Which Correction Will be Completed	Plan of Correction
2600.42 (p)	Immediate 12/10/2018	Executive Director concluded her investigation and terminated the employment of team member (A).
	Immediate 12/9/2018	Senior Resident Care Director, RN, completed a medication audit for all PRN medications in the community for usage. Senior Resident Care Director asked Primary Care Physicians to review the medication regimens for appropriate use of PRN medications for anxiety.
	1/31/2019	Senior Resident Care Director, RN, completed training with all Medication care managers and nurses on use of PRN medication and situations which constitute as a chemical restraint/restriction. This training also included communication with residents, empathy, validation, behavioral expressions, and understanding residents with dementia.
	12/9/2018 and ongoing	Quarterly, the Resident Care Director will complete an audit of PRN medications and their usage, and discuss any concerns with the appropriate Primary Care Physicians.
	1/31/2019 and ongoing	Annually, all team members will be retrained on restraints, including what constitutes as a chemical restraint and the importance of nonrestrictive interventions for behavior management.
	3/12/19 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.  Maintain audits for Department review for a period of three years. 4/1/19 

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Violation Report: 13809 - 12/04/2018 - Thomas, Tahesia  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 65 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 On 12/04/18, several food items in the Reminisce's refrigerator were open, unsealed and not labeled. These items included cocktail sauce, Breyers cherry vanilla ice cream, and a bag of cookies.

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.

See attached 4/1/19 *mg*

*Attached*  
*SA*

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) <i>SHARON EASTLAND, ED</i>	Date <i>3/10/19</i>
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The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u><i>mg</i></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

LPA

Regulation 55 Pa Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.103 (g)	Immediate 12/4/2018	All open, unsealed and unlabeled food items were immediately discarded from the refrigerator.
	1/31/2019	Care team has been re-trained in food safety, specifically ensuring that all food items are sealed and labeled with a date. This also included a full dietary service safety review.
	12/4/2018 and ongoing	Refrigerators will be inspected daily by the care team to ensure that food is sealed and labeled.
	12/4/2018 and ongoing	Dining Service Director and Reminiscence Coordinator will randomly check refrigerators weekly for open, unsealed and unlabeled food.
	3/12/2019 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 Dining Service Coordinator and Reminiscence 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.</p> <p>Maintain audits for Department review for a period of three years. 4/1/19 <i>MG</i></p>

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Violation Report: 13809 - 12/04/2018 - Thomas, Tahesia  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

On 10/08/18, staff member A chose to chemically restrain resident # 1 in order to complete their duties on the 11 p.m. to 7 a.m. shift. Staff member A did not use any other behavioral management methods before assessing that resident # 1 needed their prescribed PRN medication, Xanax, for increased anxiety. In addition, staff member A stated that they stayed in the room to ensure the medication took effect on resident # 1 before leaving the room.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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See attached 4/1/19 *MSJ*

*ATTACHED POC*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SHANNA [Signature]</i>			Date <i>3/12/19</i>

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The above plan of correction was approved by <u><i>MSJ</i></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

SA

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.202	Immediate 12/10/2018	Executive Director concluded her investigation and terminated the employment of team member (A).
	Immediate 12/9/2018	Senior Resident Care Director, RN, completed a medication audit for all PRN medications in the community for usage. Senior Resident Care Director asked Primary Care Physicians to review the medication regimens for appropriate use of PRN medications for anxiety.
	1/31/2019	Senior Resident Care Director, RN, completed training with all Medication care managers and nurses on use of PRN medication and situations which constitute as a chemical restraint/restriction. This training also included communication with residents, empathy, validation, behavioral expressions, and understanding residents with dementia.
	12/9/2018 and ongoing	Quarterly, the Resident Care Director will complete an audit of PRN medications and their usage, and discuss any concerns with the appropriate Primary Care Physicians.
	1/31/2019 and ongoing	Annually, all team members will be retrained on restraints, including what constitutes as a chemical restraint and the importance of nonrestrictive interventions for behavior management.
	3/12/19 and ongoing	<p>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.</p> <p>Maintain audits for Department review for a period of three years 4/1/19 <i>mg</i></p>

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