



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
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May 3, 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 inspection on February 4, 2019 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 13809 - 02/04/2019 - Braswell, Natasha
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 An incident occurred on or around 1-23-2019, staff member B waited 24 hours before reporting the allegations of abuse against resident #1 to the team lead on the 3pm-11pm shift.

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 4/12/19 *MJ*

Please see attached Plan of Correction.

Francine Colaneri, Boe

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Francine Colaneri, Boe* Date *4/3/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/12/19 (Date)

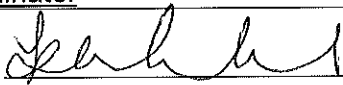
Plan of correction implementation status as of 4/12/19 (Date)

The above plan of correction was approved by *MJ* (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): February 4th, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Francine Colaneri, Business Office Coordinator

Signature of Sunrise Representative: 
Date of Submission: April 3rd, 2019

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.15(a)	Immediate	The Executive Director submitted an incident report to the Department of Human Services (DHS) regarding a complaint for Resident 1 on 1/28/2019
	1/29/2019	Executive Director met with staff B on 1/29/2019 as part of the investigation, and to review reporting procedures specific to allegations of abuse.
	4/2/2019	Executive Director completed training with all staff to review reporting procedure requirements, with a specific focus on allegations of abuse. Discussion included a review of all reportable incidents to AAA and DHS and timeframe of ensuring incidents are reported within 24 hours.
	4/2/2019 and ongoing	Annually, Executive Director and Business Office Coordinator will ensure that all employees are trained in Abuse reporting requirements.
	4/2/2019 and ongoing	Executive Director and all designee's will identify all complaints which are appropriate to be reported to the Area Agency and immediately submit an oral report. In addition, all appropriate complaints will have a written report submitted to the Department of Human Services within 24 hours of receiving the initial complaint.
	4/2/2019 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.

2600.15 a

Within 45 days of receipt of this POC all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. Maintain audits for Department review for a period of three years. 4/12/19 