



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail shanna.garland@sunriseseniorliving.com
April 6, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 9, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SUNRISE SENIOR LIVING OF LOWER MAKEFIELD*
Address: *631 STONY HILL ROAD,, YARDLEY, PA 19067*
County: *BUCKS* Region: *SOUTHEAST*

License Number: *13809*

Administrator

Name: *Shanna Garland*

Phone: *2153218200*

Email:

LOWERMAKEFIELD.ED@SUNRISESENIORLIVING.COM

Legal Entity

Name: *MS LOWER MAKEFIELD SH LLC*

Address: *7902 WESTPARK DRIVE, ATTN: MENERVA PHILSON, MCLEAN, VA, 22102*

Certificate(s) of Occupancy

Type: *1-2*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *144*

Waking Staff: *108*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

10/09/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95*

Residents Served: *84*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Reminiscence*

Capacity: *29*

Residents Served: *28*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *16*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *60*

Have Physical Disability: *5*

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated 7/10/19, did not include medical information pertinent to diagnosis and treatment and health status.

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
[Signature]

Legal Entity Representative

[Signature] Wanda Garford, Executive Director 11/12/19
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/6/20 Plan of correction implementation status as of 4/6/20
 (Date) (Date)

The above plan of correction was approved by *[Signature]* Fully Implemented
 (Initials) 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): October 9th, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
 Shanna Garland, Executive Director

Signature of Sunrise Representative: 
Date of Submission: November 12th, 2019

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.141.(a)	10/9/2019	The Resident Care Director reviewed the Documentation of Medical Evaluation (DME) form with the resident's physician and corrected the resident's health status on the resident's DME.
	10/11/2019	The Executive Director reviewed the completed DME to ensure that all medical information was completed.
	10/13/2019	The Wellness team reviewed all existing resident DME's to ensure thorough completion of all medical information pertinent to diagnosis and treatment and health status.
	10/14/2019 and ongoing	All new DME's for all residents will be reviewed by the Resident Care Director to ensure thorough completion of all medical information pertinent to diagnosis and treatment and health status.
	11/11/2019 and ongoing	This Plan of Correction will be reviewed monthly for the next 3 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.

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.

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on 07/11/19. However, the resident did not sign the support plan.

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
[Handwritten signature]

Legal Entity Representative

[Handwritten signature]
Signature

Sharon Grubbs, Executive Director
Printed Name and Title

4/6/19
Date

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The above plan of correction is approved as of 4/6/20
(Date)

Plan of correction implementation status as of 4/6/20
(Date)

Fully Implemented

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

Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.227.(g)	10/10/2019 10/14/2019 10/30/2019	<p>The Reminiscence Coordinator met with the resident and the resident's responsible party to review the most recent support plan. This review was documented on the interdisciplinary care meeting – PA form with signatures of participants.</p> <p>The Executive Director completed training including reviewing the regulations and expectations surrounding Resident Support Plans with both Care Coordinators to ensure their understanding of the Interdisciplinary Care Meeting – PA form and obtaining signatures.</p> <p>The Care Coordinators reviewed all current resident Support Plans and Interdisciplinary Care Meeting forms for PA to ensure that resident signatures were obtained, or "unable to sign" was documented as appropriate.</p>
	10/30/2019 and ongoing 11/11/2019 and ongoing	<p>All new support plans for all residents will have interdisciplinary meetings scheduled and be reviewed by the Care Coordinators where all resident signatures will be obtained or "unable to sign" will be noted as appropriate.</p> <p>This Plan of Correction will be reviewed monthly for the next 3 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 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>

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his/her support plan on 07/11/19. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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
ME

Legal Entity Representative

[Signature]
Signature

Shanna Garland, Executive Director
Printed Name and Title

4/12/19
Date

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The above plan of correction is approved as of 4/6/20
(Date)

Plan of correction implementation status as of 4/6/20
(Date)

Fully Implemented

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

Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.227.(h)	10/10/2019	The Reminiscence Coordinator met with the resident and the resident's responsible party to review the most recent support plan. This review was documented on the interdisciplinary care meeting – PA form with signatures of participants.
	10/14/2019	The Executive Director completed training including reviewing the regulations and expectations surrounding Resident Support Plans with both Care Coordinators to ensure their understanding of the Interdisciplinary Care Meeting – PA form and obtaining signatures.
	10/30/2019	The Care Coordinators reviewed all current resident Support Plans and Interdisciplinary Care Meeting forms for PA to ensure that resident signatures were obtained, or "unable to sign" was documented as appropriate.
	10/30/2019 and ongoing	All new support plans for all residents will have interdisciplinary meetings scheduled and be reviewed by the Care Coordinators where all resident signatures will be obtained or "unable to sign" will be noted as appropriate.
	11/11/2019 and ongoing	This Plan of Correction will be reviewed monthly for the next 3 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 her findings to discuss any trends and plans to correct. The QAPI committee will determine the need for additional process changes and/or monitoring.