



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail shanna.garland@sunriseseniorliving.com
May 11, 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 December 2, 3, and 4, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SUNRISE SENIOR LIVING OF LOWER MAKEFIELD*

License Number: *13809*

Address: *631 STONY HILL ROAD,, YARDLEY, PA 19067*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *SHANNA GARLAND*

Phone: *2153218200*

Email: *LICENSING@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: *07/16/2008*

Issued By: *LOWER MAKEFIELD TOWNSHIP*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *137*

Waking Staff: *103*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

12/02/2019 - On-Site: Natasha Braswell, Dean Gray

12/03/2019 - On-Site: Natasha Braswell, Dean Gray

12/04/2019 - On-Site: Natasha Braswell, Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95*

Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes*

Area: *REMINISCENT*

Capacity: *28*

Residents Served: *26*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *81*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *56*

Have Physical Disability: *1*

15a - Resident Abuse Report

Regulations

2600.

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

Description of Violation

On 11/13/19, staff person A witnessed staff person B yelling at resident #1. This incident was not reported to the Department until 11/27/2019.

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

Shanna Garland, CA 2/14/2020
Printed Name and Title Date

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The above plan of correction is approved as of 5/11/2020
(Date)

Plan of correction implementation status as of 5/11/2020
(Date)

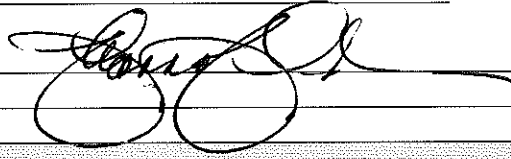
- Implemented
- Not Implemented

The above plan of correction was approved by slw
(Initials)

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): December 2nd, 3rd, & 4th
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Shanna Garland, Executive Director

Signature of Sunrise Representative: _____
Date of Submission: February 14th 2020



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 11/27/2019
	11/27/2019	Executive Director met with staff (A) on 11/27/2019 as part of the investigation, and to review reporting procedures specific to allegations of abuse.
	12/10/2019 and 12/11/2019	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.
	12/10/2019 and ongoing	Annually, Executive Director and Business Office Coordinator will ensure that all employees are trained in Abuse reporting requirements.
	12/10/2019 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.
	2/14/2020 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.

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

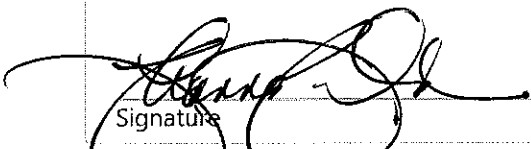
The home failed to comply with ServSafe certification. PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires that one staff person must be available during all hours of operation. Only one staff person in the home is ServSafe certified and cannot be available during all hours of operation.

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
PA

Legal Entity Representative


Signature

Stanna Gafand, ED 2/14/2020
Printed Name and Title Date

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(Date)

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Implemented
 Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 18.	12/4/2019	The Dining Service Coordinator reviewed all cook and food handlers ServSafe certifications.
	12/4/2019	Dining Service Coordinator registered all necessary food handlers for their ServSafe certification.
	12/13/2019	All appropriate food handlers completed their ServSafe certifications.
	12/13/2019 and ongoing	Annually, Executive Director and Dining Service Coordinator will ensure that all employees have current ServSafe Certifications
	2/14/2020 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 Dining Service 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.

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

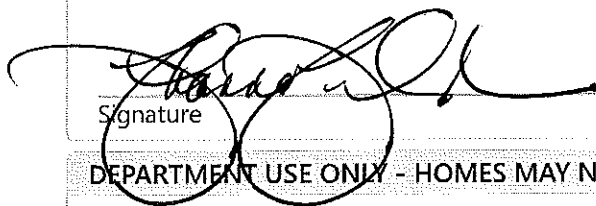
Staff person A, witnessed staff person B cursing and yelling at resident #1 while providing care. Staff person B stated to the resident, "You shit yourself and I have to clean it up!". Resident #1 yelled back at staff person B, saying "You are a disrespectful lady!". Staff person B, continued to tell the resident, "I'm cleaning up your shit!" Staff person showed the resident the personal product that was soiled with feces.

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 _____
A

Legal Entity Representative


Signature

Suanna Garland
Printed Name and Title

2/11/2020
Date

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 42.c.	<p>Immediate 11/27/2018</p> <p>2/6/2019</p> <p>12/10/2019 and 12/11/2019</p> <p>12/12/2019 and ongoing</p> <p>2/14/2020</p>	<p>Team member (B) placed on Administrative Leave pending outcome of DHS and internal investigations.</p> <p>Executive Director concluded her investigation and terminated the employment of team member (B)</p> <p>Executive Director conducted training with all staff reviewing treating residents with Dignity & respect, specifically use of respectful and dignified language when speaking to or about our residents. Training also included Mandatory Abuse Reporting, Resident Rights, and forms of Abuse.</p> <p>Annually, Executive Director will ensure all team members have retraining in Dignity and Respect</p> <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 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.</p>

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

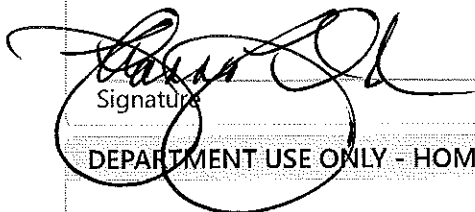
Agency staff, do not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire.


Plan of Correction (POC)

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Attached


Legal Entity Representative


Signature

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 65.a.	<p>12/2/2019 Immediate</p> <p>12/2/2019 and ongoing</p> <p>12/3/2019 and ongoing</p> <p>2/14/2020</p>	<p>Executive Director and Business Office Coordinator created and implemented training for all agency staff for general fire safety which included responsibilities during a fire drill, emergency evacuation plan, fire safe areas, fire safety plan, emergency staffing plan, and resident evacuation plan.</p> <p>Department Heads identified all scheduled non Sunrise staff who needed the general fire safety training, and reviewed all materials with sign off sheets.</p> <p>Daily at Stand up, Executive Director and Department Heads will ensure that all Fire safety orientation has been completed on day 1 with all outside agency staff.</p> <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 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</p>

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Agency staff are not trained in emergency medical plan for the home.

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.)

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Legal Entity Representative


Signature

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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 65.b.	12/2/2019 Immediate	Executive Director and Business Office Coordinator created and implemented training for all agency staff on Resident Rights and Abuse which includes the emergency medical plan and reportable incidents to the department.
	12/2/2019 and ongoing	Department Heads identified all scheduled non Sunrise staff who needed resident rights and abuse and emergency medical plan, and reviewed all materials with sign off sheets.
	12/9/2019 and ongoing	Daily at stand up, Executive Director and Department Heads will ensure that resident rights and abuse orientation in addition to the emergency medical plan has been completed on day 1 with all outside agency staff.
	2/14/2020	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.

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

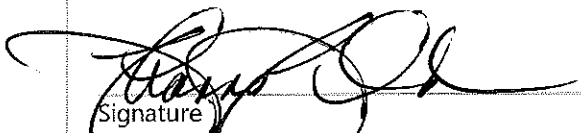
On 12-4-19, at 10:30 am, in memory care there was an unlabeled razor found in the center of a shared cabinet in room 133 A, presenting an unsanitary condition.

Plan of Correction (POC)

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Attached


Legal Entity Representative


Signature

 Shannon Garland, ES
Printed Name and Title

2/14/2020
Date

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Implemented
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Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 85.a.	12/4/2019 Immediate	Reminiscence Coordinator removed the unlabeled razor and disposed of it.
	12/4/2019	Reminiscence and Personal Care Coordinator walked the entire community to ensure there were no shared/unlabeled personal items, or personal items in common areas. They labeled all appropriate personal items found with each residents name if in a shared environment.
	2/13/2020 & 2/14/2020	Care team was re-trained in sanitary conditions, specifically the need to ensure all personal items are stored appropriately, labeled appropriately particularly in shared environments.
	12/5/2019 and ongoing	Routinely direct care staff will look for any personal items which need labels and ensure items are appropriately labeled with resident name. Lead care staff and Department Coordinators will also routinely complete room checks ensuring compliance
	2/14/2020 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 Personal Care and Reminiscence 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.

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 12-4-19, the home served 81 residents, the home did not have a separate designated space for nonperishable foods in the event of an emergency.

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
VIOLATION WITHDRAWN 5.11.2020 SLW

Legal Entity Representative

[Handwritten Signature]
Signature

Suzanne Gasford, CEO
Printed Name and Title

2/14/2020
Date

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- Not Implemented

181a - Self-adminstration Assist

Regulations

2600.


181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

The home has failed to provide assistance to resident #1 with self-administering medications, resulting in a failure to follow prescribers' orders and incorrect labeled medications.

Plan of Correction (POC)

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Legal Entity Representative


Signature


Printed Name and Title


Date

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(Date)

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(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.181.a.	<p>12/4/2019 Immediate</p> <p>12/5/2019</p> <p>1/24/2020 and ongoing</p> <p>2/14/2020 and ongoing</p>	<p>Resident Care Director corrected the label for Resident #2 Gabapentin to 900mgs, and Lexapro 5mgs.</p> <p>Resident Care Director communicated with prescriber to alert the Wellness office when there are changes in the resident's medications to ensure that all orders and labels are consistent and correct.</p> <p>Monthly during Wellness visits and medication review for resident #2's self-administration, the Resident Care Director will review all medications with the current orders to ensure that medications are labeled correctly per the order, and that the resident is taking the medication correctly as ordered. This includes a monthly assessment which confirms that the resident is safe to self-administer her own medication.</p> <p>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.</p>

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #2's Gabapentin Tablet 600 mg does not reflect the change to 900 mg on the label. The pharmacy label for resident #2, Lexapro Tablet 10 mg does not reflect the change to 5 mg on the label.

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

Legal Entity Representative

[Handwritten Signature]
Signature

Shanna Garford, CO 2/14/2020
Printed Name and Title Date

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2600 184.a.	<p>12/4/2019 Immediate</p> <p>12/5/2019</p> <p>1/24/2020 and ongoing</p> <p>2/14/2020 and ongoing</p>	<p>Resident Care Director corrected the label for Resident #2's Gabapentin to 900mgs, and Lexapro 5mgs.</p> <p>Resident Care Director communicated with prescriber to alert the Wellness office when there are changes in the resident's medications to ensure that all orders and labels are consistent and correct.</p> <p>Monthly during Wellness visits and medication review for resident #2's self-administration, the Resident Care Director will review all medications with the current orders to ensure that medications are labeled correctly per the order, and that the resident is taking the medication correctly as ordered. This includes a monthly assessment which confirms that the resident is safe to self-administer her own medication.</p> <p>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.</p>

187d - Follow Prescriber's Orders


Regulations

Description of Violation

Resident # 2, is prescribed Lexapro Tablet 10 mg, 1 tablet by mouth daily. However resident #2 cuts the pill in half to create 5 mg dose of the medication.

Plan of Correction (POC)

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Attached


Legal Entity Representative

Signature

Printed Name and Title

Date



Shanna G. ... 2/14/2020

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Not Implemented

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(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600 187.d.	12/4/2019 Immediate	Resident Care Director corrected the label for Resident #2's Gabapentin to 900mgs, and Lexapro 5mgs.
	12/5/2019	Resident Care Director communicated with prescriber to alert the Wellness office when there are changes in the resident's medications to ensure that all orders and labels are consistent and correct. This includes ordering a new prescription for any medication as appropriate.
	1/24/2020 and ongoing	Monthly during Wellness visits and medication review for resident #2's self-administration, the Resident Care Director will review all medications with the current orders to ensure that medications are labeled correctly per the order, and that the resident is taking the medication correctly as ordered. A new prescription will be obtained for changes in dose as appropriate. This includes a monthly assessment which confirms that the resident is safe to self-administer her own medication.
	2/14/2020 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.