


Department of Human Services
Bureau of Human Service Licensing

January 18, 2022



RE: SUNRISE SENIOR LIVING OF LOWER
MAKEFIELD
631 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 13809

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SUNRISE SENIOR LIVING OF LOWER MAKEFIELD* License #: *13809* License Expiration: *08/13/2022*
Address: *631 STONY HILL ROAD, YARDLEY, PA 19067*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-321-8200* Email: [REDACTED]

Legal Entity

Name: *MS LOWER MAKEFIELD SH LLC*
Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
Phone: *2153218200* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/13/2021*

Inspection Dates and Department Representative

12/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *28* Residents Served: *18*

Hospice

Current Residents: *-*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

12/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2022*

Inspection Dates and Department Representative (*continued*)

01/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2022*

01/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

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

Description of Violation

On 11/6/2021 at approximately 9:00pm, Staff person A refused to give Resident #1 a shower even though it was the residents scheduled shower day. Staff person A told Resident #1 that [REDACTED] were not going to give the resident a shower because the staff person's back hurt and that there was not enough staff on to help with the residents shower. Staff person A said to Resident #1 that [REDACTED] would not be getting a shower that night, and that Staff Person A "did not care if the resident got a shower or not". When Resident #1 became upset and requested to be showered as scheduled, Staff Person A said "if you want a shower, do it yourself".

Plan of Correction

Accept

Immediate

November 8th, 2021

Staff person (A) was placed on an Administrative Leave Pending Investigation.

November 8th, 2021

Resident 1 received [REDACTED] shower.

December 16th, 2021

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.

December 16th, 2021

Annually, Executive Director will ensure all team members have retraining in Dignity and Respect

January 7th, 2022

Staff person (A) has been trained on Dignity and Respect, specifically use of respectful and dignified language when speaking to or about our residents.

January 20th and ongoing

The Plan of Correction is reviewed monthly, for up to 3 months, by the Management Team during the monthly Quality Assurance and Performance Improvement (QAPI) meeting. The Business Office Coordinator reports on training compliance and any identified trends. The QAPI committee determines the need for additional process changes and/or monitoring.

Document Submission

Implemented

Training portion of the POC is attached.

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Immediate

December 14th, 2021

All active employee files were reviewed to ensure they have one of the following:

- 1. Have a high school diploma*
- 2. GED*
- 3. Active registry status on the Pennsylvania nurse aide registry.*

December 14th, 2021

The active employee files were reviewed to verify they meet the education requirements.

December 14th, 2021

The Executive Director conducted training with the Business Office Coordinator on establishing a process to periodically review employee files and verify employee meet the qualifications for Direct Care Staff Persons.

January 7th, 2022

Staff person (A) is actively working on renewal of her CNA license and will not return to any forms of work which would include unsupervised ADL services.

January 20th, 2022 and ongoing

BOC will review all active staff persons with their CNA license monthly, ensuring that they are active and renewed before expiration.

January 20th, 2022 and ongoing

The Plan of Correction is reviewed monthly, for up to 3 months, by the Management Team during the monthly Quality Assurance and Performance Improvement (QAPI) meeting. The Business Office Coordinator reports on training compliance and any identified trends. The QAPI committee determines the need for additional process changes and/or monitoring.

Document Submission**Implemented**

Training portion of the POC attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training *(continued)***Description of Violation**

Direct care staff person A, hired on [REDACTED], held a valid Pennsylvania Certified Nurse Aid registry up until 10/29/21. The certification was not renewed and Staff person A did not complete and pass the Department-approved direct care training course and pass the competency test. Staff person A continued to provide unsupervised ADL's in the home up until 11/7/2021.

Plan of Correction**Accept**

Immediate

December 14th, 2021

Staff Person (A) will not return to unsupervised ADL care of any residents until [REDACTED] has renewed [REDACTED] CNA license.

December 14th, 2021

All active employee files were reviewed to ensure if they do not possess an active CNA license, then they have completed the Department approved Direct Care training course, and passed the competency test ensuring they can provide unsupervised ADL care in the community.

December 14th, 2021

The Executive Director conducted training with the Business Office Coordinator on establishing a process to periodically review employee files and verify employee meet the requirements and have an active CNA license or have completed the Department approved Direct Care training course and passed the competency test to provide unsupervised ADL care.

December 14th, 2021

BOC will review all active staff persons with their CNA license at the time of hire, and ensure that any staff persons without their CNA license has complete the Department approved Direct Care training course and have passed the competency test to provide unsupervised ADL care.

January 20th, 2022

The Plan of Correction is reviewed monthly, for up to 3 months, by the Management Team during the monthly Quality Assurance and Performance Improvement (QAPI) meeting. The Business Office Coordinator reports on training compliance and any identified trends. The QAPI committee determines the need for additional process changes and/or monitoring.

Document Submission**Implemented**

Training portion of the POC attached.