

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

December 9, 2022

[REDACTED], EXECUTIVE DIRECTOR
MS LOWER MAKEFIELD SH LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2022, 02/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MS LOWER MAKEFIELD SH LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *07/16/2008* Issued By: *Lower Makefield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/31/2022*

Inspection Dates and Department Representative

01/31/2022 - On-Site: [REDACTED]
 02/01/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *56*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *27* Residents Served: *16*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

01/31/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

12/09/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/06/2022*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/14/2022*

Inspections / Reviews *(continued)*

12/09/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2022

[REDACTED] [REDACTED]

Follow Up Type: *Not Required*

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The home's quality management plan does not include development and implementation of measures to address the dining services concerns in reference to "hot food" as described in the home's quality management review on 10/28/21 and 1/27/22.

POC Submission

Accept

The Dining Services Coordinator (DSC) met with culinary staff to review the concerns shared during resident council related to the "hot foods". A plan was put in place to use the plate warmers and heat lamps to keep the food warm while serving.

(February 2, 2022)

The culinary staff began plate warmers and heat lamps to keep the food warm while serving.

(February 2, 2022)

The Executive Director (ED) or designee will review Resident Council meeting minutes from February 2022 through April 2022 and verify that concerns brought up by residents are addressed with action plans and updates documented in the meeting minutes.

(May 9, 2022)

The ED and the DSC provided an in-service to culinary team members on the process of serving food timely during meal services.

(April 29, 2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.

(May 25, 2022 and up to 3 months)

Licensee's Plan Completion Date: 07/27/2022

Implemented [redacted] - 12/09/2022

65c - Ancillary Staff Orientation

2. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [redacted], did not have a general orientation to his/her specific job functions in regards to utilizing the kiosk to review the dietary guidelines and/or resident preferences.

65c Ancillary Staff Orientation (*continued*)**POC Submission****Accept**

*Ancillary Staff Person A was immediately provided training and had a general orientation to specific job functions regarding the proper use of the kiosk to review the dietary guidelines and/or resident preferences.
(January 31, 2022)*

*The ED and the Business Office Coordinator (BOC) completed an audit of new hires in an ancillary position since 11/25/2021 and verified the staff persons received a general orientation to their specific job functions. No additional concerns identified.
(May 6, 2022)*

*When there is a new hire, they complete a general orientation in the community, meet with their supervisor/Department head to review role specific responsibilities. The staff person is then placed on a training schedule which includes skills and shadowing of their job responsibilities. Documentation of the orientation is given to the BOC for filing in the staff persons personnel record.
(May 6, 2022)*

*The BOC completes a monthly audit of all new hires and verify general orientation training, specific to job responsibilities was completed, and documentation filed in the staff person's record.
(May 23, 2022)*

*This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.
(May 25, 2022 and up to 3 months)*

Licensee's Plan Completion Date: 07/27/2022

Implemented (█ - 12/09/2022)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/31/22, at 10:23 am, a Dunkin Donuts cup with liquid in it was observed on the preparation table in the kitchen. The stove was covered with food spills.

A large plastic bin for rice had old dried rice and other unknown debris in the bottom.

POC Submission**Accept**

*The DCS immediately removed and disposed of the Dunkin Donuts cup with liquid from the preparation station.
(January 31, 2022)*

*The DCS immediately cleaned the stove that had the food spills.
(January 31, 2022)*

85a Sanitary Conditions (continued)

The DCS immediately cleaned the plastic bin that had old, dried rice and other unknown debris in the bottom. (January 31, 2022)

The ED and the DSC provided an in service on sanitation, proper food storage, importance of sealing opened containers/food and items that are prohibited in the kitchen to the culinary staff. (April 29, 2022)

The ED or designee conduct weekly checks of the kitchen to verify proper food storage and cleanliness. (May 3, 2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again (May 27, 2022 and up to 3 months)

Licensee's Plan Completion Date: 07/27/2022

Implemented [redacted] - 12/09/2022)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 1/31/22, at 10:23 am, there was an uncovered container of bacon and sausage stored in a stainless steel container on top of the stove.

POC Submission

Accept

The DCS immediately covered the stainless steel container that had the bacon and sausage and properly stored the container. (January 31, 2022)

The ED and the DCS provided an in service on sanitation, proper food storage, importance of sealing opened containers/food and items that are prohibited in the kitchen the culinary staff. (April 29, 2022)

The ED or designee conduct weekly checks of the kitchen to verify that food is covered and protected from contamination while being stored, prepared transported or served (May 3, 2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again (May 27, 2022 and up to 3 months)

Licensee's Plan Completion Date: 07/27/2022

103c - Food Protected (continued)

Implemented ([redacted] - 12/09/2022)

103d - Storing Food Off Floor

5. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 1/31/22, at 10:26 am, there were boxes of food observed stored on the floor in the refrigerator.

POC Submission

Accept

The DCS immediately removed the boxes of food that were being stored on the floor of the refrigerator.
(January 31, 2022)

The DCS immediately cleaned the refrigerator floor.
(January 31, 2022)

The ED and the DCS provided an in-service on sanitation, proper food storage, importance of sealing opened containers/food and items that are prohibited in the kitchen the culinary staff.
(April 29, 2022)

The ED or designee conduct weekly checks of the kitchen to verify no boxes or other items such as food are stored on the refrigerator floor or anywhere on the floor
(May 3, 2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.
(May 27, 2022 and up to 3 months)

Licensee's Plan Completion Date: 07/27/2022

Implemented ([redacted] - 12/09/2022)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of Domino Premium Cane Powdered sugar was observed in the kitchen opened and unsealed.

POC Submission

Accept

The DCS immediately sealed the Domino Premium Powered Sugar that was observed in the kitchen.
(January 31, 2022)

The ED and the DCS provided an in-service on sanitation, proper food storage, importance of sealing opened containers/food and items that are prohibited in the kitchen the culinary staff.

103g - Storing Food (continued)

(April 29, 2022)

The ED or designee conduct weekly checks of the kitchen to verify that food is covered and protected by contamination while being stored, prepared transported or served

(May 3, 2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.

(May 27, 2022 and up to 3 months)

Licensee's Plan Completion Date: 07/27/2022

Implemented ([REDACTED] - 12/09/2022)