



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

May 16, 2022

[REDACTED]
MS Lower Makefield SH, LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Sunrise Senior Living of Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067
License #: 13809

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 02/08/2022, 02/09/2022, 02/10/2022, 03/01/2022, 03/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

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: *2153218200* 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

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/07/2022*

Inspection Dates and Department Representative

02/08/2022 - Off-Site: [REDACTED]
02/09/2022 - Off-Site: [REDACTED]
02/10/2022 - Off-Site: [REDACTED]
03/01/2022 - Off-Site: [REDACTED]
03/07/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *28* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

02/08/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/25/2022*

85c - Trash

1. Requirements

2600.
85.c. Trash shall be removed from the premises at least once a week.

Description of Violation

Trash is left in room [redacted] belonging to resident #1 for longer than one week.

Correction

Directed

Directed Plan of Correction 4/14/22 CM:

Starting 4/14/22 and continuing daily for four weeks, then weekly for three months, the administrator or designee shall conduct rounds of resident rooms to ensure that trash has been removed. Documentation of audits shall be provided to the Department.

Within 10 days of the receipt of the acceptable plan of correction, all staff involved in the daily maintenance of resident rooms shall be education on regulation 85c. Proof of education shall be submitted to the Department.

Implemented 5/16/22 CM

132d - Evacuation

1. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 2/1/22 at 2:50am, the fire alarm sounded in the community. Resident#1 was not evacuated to a public thoroughfare or a fire safe area.

Residents in the memory care (Reminiscence) section of the home were also not evacuated to a fire safe area. Staff member A inspected the fire panel, believed there was a false alarm, and redirected residents back to their rooms.

Correction

Directed

Directed Plan of Correction 4/14/22 CM:

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall review and update the home's fire drill and evacuation procedures to include all residents will be evacuated to a to a public thoroughfare or a fire-safe area designated in writing within the past year by a fire safety expert.

Within 15 days of the receipt of the acceptable plan of correction, all staff shall be educated on the home's fire drill and evacuation procedures. Documentation of education shall be provided to the Department.

Starting 4/15/22 and continuing for six months, the administrator shall monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, all residents are evacuated to a public thoroughfare, or to a fire-safe area, and documentation is kept for each fire drill on a record which includes all information required by 2600.132c

Implemented 5/16/22 CM