

Department of Human Services
Bureau of Human Service Licensing

September 19, 2022

[REDACTED]
MS LOWER MAKEFIELD SH LLC
[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 08/01/2022, 08/04/2022, 08/05/2022, 08/30/2022, 08/30/2022 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: *08/13/2023*
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: *215-321-8200* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/22/2022*

Inspection Dates and Department Representative

08/01/2022 - On-Site: [REDACTED]
08/04/2022 - Off-Site: [REDACTED]
08/05/2022 - Off-Site: [REDACTED]
08/30/2022 - On-Site: [REDACTED]
08/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminesence* Capacity: *30* Residents Served: *22*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *52* Have Physical Disability: *0*

Inspections / Reviews

08/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

09/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/19/2022*

09/19/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/24/22, Resident #1, reported to the home that they were missing a significant amount of money from their apartment. The home did not report this incident to the department until 6/27/22.

Plan of Correction

Accept

The Executive Director (ED) submitted an incident report to the Department of Human Services (DHS) regarding a complaint for Resident #1 on 06/27/2022.

(6/27/2022)

The ED met with the leadership team and reviewed reporting requirements, with a specific focus on the misuse of a resident's funds. ED reviewed all reportable incidents to DHS and reiterated that all incidents must be reported within 24 hours.

(08/30/2022)

The ED and all designees will review all complaints that are received and appropriate to be reported to DHS within a 24-hour timeframe of being notified.

(08/30/2022)

The ED scheduled Team Member Townhall meeting to review the reporting guidelines.

(09/29/2022)

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.

(09/28/2022 and for up to 3 months)

Completion Date: 11/30/2022

Document Submission

Implemented

The Executive Director (ED) submitted an incident report to the Department of Human Services (DHS) regarding a complaint for Resident #1 on 06/27/2022.

(6/27/2022)

The ED met with the leadership team and reviewed reporting requirements, with a specific focus on the misuse of a resident's funds. ED reviewed all reportable incidents to DHS and reiterated that all incidents must be reported within 24 hours.

(08/30/2022)

The ED and all designees will review all complaints that are received and appropriate to be reported to DHS within a 24-hour timeframe of being notified.

(08/30/2022)

16c - Written Incident Report (continued)

The ED scheduled Team Member Townhall meeting to review the reporting guidelines.
(09/29/2022)

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.
(09/28/2022 and for up to 3 months)

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident’s money and property.

Description of Violation

The home does not have a policy or procedure regarding a system to safeguard resident belongings or valuables. The home does have a bedside table with a drawer that can be locked available for residents if they request it, however this option has not been communicated to residents of the home.

Plan of Correction

Accept

The ED updated the resident community handbook to clarify the system available to safeguard a resident’s money and property.
(08/30/2022)

The ED scheduled a Resident Council Meeting to review residents’ rights to safeguard money and personal property and issue updated resident community handbooks.
(09/29/2022)

The resident community handbook is provided to residents upon moving in. Upon request, residents can have a bedside table with a drawer that can be locked to safeguard resident personal belongings or money.
(08/30/2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the 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.
(09/28/2022 and for up to 3 months)

Completion Date: 11/30/2022

Document Submission

Implemented

The ED updated the resident community handbook to clarify the system available to safeguard a resident’s money and property.
(08/30/2022)

The ED scheduled a Resident Council Meeting to review residents’ rights to safeguard money and personal property and issue updated resident community handbooks.

42x - Safeguard (continued)

(09/29/2022)

The resident community handbook is provided to residents upon moving in. Upon request, residents can have a bedside table with a drawer that can be locked to safeguard resident personal belongings or money.

(08/30/2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the 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.

(09/28/2022 and for up to 3 months)