

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

November 21, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
MS LOWER MAKEFIELD SH LLC

[REDACTED]
ATTN LICENSING
[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 05/22/2023, 05/26/2023, 06/06/2023, 06/02/2023 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:** 08/13/2023
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] ATTN LICENSING, [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 07/16/2008 **Issued By:** township of lower makefield

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 140 **Waking Staff:** 105

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/06/2023

Inspection Dates and Department Representative

05/22/2023 On Site [REDACTED]
05/26/2023 Off Site [REDACTED]
06/06/2023 Off Site [REDACTED]
06/02/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 95		Residents Served: 78	
Secured Dementia Care Unit			
In Home: Yes	Area: reminesense	Capacity: 22	Residents Served: 15
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 78	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 2	
Have Mobility Need: 62		Have Physical Disability: 0	

Inspections / Reviews

05/22/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/17/2023

Inspections / Reviews *(continued)*

11/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

11/21/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] staff person A grabbed and yanked the arm and wrist of resident 1. This was done during a transfer from their wheelchair to the toilet for toileting. Resident 1 suffered bruising and pain.

Plan of Correction

Accept [redacted] 06/23/2023)

On 05/10/2023, The Executive Director (ED) immediately initiated an internal investigation which resulted in suspending staff member A and provided reassurance to resident #1.

On 05/10/2023, The ED and Resident Care Director (RCD) immediately conducted an in-service on Abuse and Neglect

On 05/11/2023, The RCD assessed all other residents who had been assigned to by staff person A, with no additional concerns noted.

On 05/19/2023, Staff member A's employment was terminated.

On 05/16/2023, The ED held a Team Member Townhall meeting to review abuse and neglect.

On 05/25/2023, The ED and RCD held a Resident Council Meeting to review the different types of abuse, abuse and abuse reporting, resident bill of rights, older adult protective service act and the contact information for the local ombudsman, area of aging and the department of human services.

On 06/28/2023 and ongoing, The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented ([redacted] - 11/21/2023)

42x - Safeguard

2. Requirements

2600.

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

Description of Violation

On [redacted] resident 2 passed away and the home failed to secure [redacted] valuables including two Apple iPad's that were taken from Resident 2's room after [redacted] death. The home failed to provide a system for safeguarding the resident's Apple iPad's.

Plan of Correction

Accept ([redacted] - 06/23/2023)

On 05/16/2023, The ED held a Team Member Townhall meeting to review the importance residents' rights to safeguard their personal belongings and locking a resident room after they pass away or leave the building.

42x - Safeguard (continued)

On 05/25/2023, The ED and RCD held a Resident Council Meeting to review residents' rights to safeguard money and personal property.

On 06/28/2023 and ongoing, The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented (█) - 11/21/2023)

54a Direct Care Staff

3. 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.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

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. Staff person A has a non-US diploma.

Plan of Correction

Accept (█) - 06/23/2023)

On 5/24/2023, the ED provided training to the Business Office Coordinator (BOC) on the educational requirements to be hired as a direct care staff person in a personal care home.

On 5/27/2023, the BOC will complete an audit of direct care staff persons personnel records to verify proof of qualifications is available.

As of 6/7/2023, the BOC will bring all new hire files to the weekly leadership meeting to verify there is proper documentation of educational requirements to work as a direct care staff person in the community.

As of 6/28/2023, the POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be

54a - Direct Care Staff (continued)

implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented (█) - 11/21/2023)

227g Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on █. However, the resident did not sign the support plan.

Resident 2 participated in the development of his/her support plan on █. However, the resident did not sign the support plan.

Plan of Correction

Accept (█) - 06/23/2023)

On 05/22/2023, Personal Care Coordinator (PCC), discussed the support plan with Resident #1, but per POA did not want resident to sign. The support plan signature page reflected this.

On 05/22/2023, Personal Care Coordinator (PCC), verified with POA that they received the email sent with support plan, but resident #2 was unable to sign as resident #2 expired.

On 05/23/2023, The PCC completed an audit of all support plan signature pages and verified all residents have either signed the signature page or refused. No additional concerns identified.

As of 6/22/2023 and ongoing for 3 months, the PCC will bring all support plan signature pages to the weekly leadership meeting to verify all residents have either signed the signature page or refused.

On 06/28/2023 and ongoing, The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC

227g -Support Plan Signatures (continued)

will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented ([REDACTED] - 11/21/2023)

227h - Support Plan Refuse Sign

5. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 2 participated in the development of his/her support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction

Accept [REDACTED] - 06/23/2023)

On 05/22/2023, Personal Care Coordinator (PCC), verified with POA that they received the email sent with support plan, but resident #2 was unable to sign as resident #2 expired.

On 05/23/2023, The PCC completed an audit of all support plan signature pages and verified all residents have either signed the signature page or refused. No additional concerns identified.

On 06/28/2023 and ongoing, The POC and monitoring process will be discussed during monthly QAPI meetings for 3 months by the Executive Director and/or Resident Care Director. If not effective, it will be amended and new POC will be implemented and monitored to verify compliance with the regulation.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented ([REDACTED] - 11/21/2023)