

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

May 9, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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: *08/13/2024*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *65*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *29* Residents Served: *14*
 Hospice
 Current Residents: *6*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

03/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2024*

05/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/09/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

05/09/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2024

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] Resident [redacted] and Resident [redacted] were both admitted to the personal care neighborhood of the home. Resident's [redacted] and [redacted] have maintained a consensual relationship since they moved in to the home. Though they were not a couple prior to admission. Their relationship was documented by the home and noted in their progress notes, indicating their capacity to consent and make decisions independently, including decisions regarding sexual relations. Their support plans, updated on 1/15/24, reflected their consensual relationships, and staff were informed to respect their right to privacy.

On [redacted] around [redacted] a care manager heard Resident [redacted] yelling "[redacted] from Resident [redacted] apartment. Rushing to the scene, the care manager found Resident [redacted] stating, [redacted], Resident [redacted] beat me up and attacked me," referring to Resident [redacted]. Immediately, the residents were separated, with Resident [redacted] escorted to their own apartment. Resident [redacted] was taken to the hospital for evaluation and Resident [redacted] was placed on a 1:1 and evaluated by their Doctor later that morning.

When questioned, Resident [redacted] recounted, "We were sleeping in bed, and Resident [redacted] woke up and started hitting me in the face and on the head." Despite efforts, Resident [redacted] could only vaguely recall the incident involving Resident [redacted]. The incident appears to have been unprovoked and there was no know history of aggressive behaviors noted for either resident. Resident [redacted] sustained injuries under their left eye, on the bridge of their nose, and on the right side of their face along the jawline.

Plan of Correction

Accept [redacted] - 05/09/2024)

In addition to plan of corrections dated April 23, 2024 the following supportive documentation has been added to this plan of corrections. Please see attached resident checklist that was completed on 3/22/2024 as stated on plan of corrections. Added plan of corrections asked for all staff will be trained on sexual abuse and signs. Record of this training is attached plus training source used for the training.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented ([redacted] - 05/09/2024)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] did not include body positioning and movement for the resident,

Plan of Correction

Accept [REDACTED] - 05/09/2024)

In addition to plan of corrections dated April 23, 2024 for body positioning listed on medical evaluation training was completed by Executive Director as stated plus an audit was completed for all residents. Please see attached audit for ensure body positioning and movement section was completed.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented [REDACTED] - 05/09/2024)