

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

[REDACTED]
MS LOWER MAKEFIELD SH LLC
7902 WESTPARK DRIVE
ATTN: MENERVA PHILSON
MCLEAN, VA 22102

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 licensing inspections on 05/18/2021, 05/19/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**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 Date: *08/13/2021*
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: MENERVA PHILSON, 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: *98* Waking Staff: *74*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/19/2021*

Inspection Dates and Department Representative

05/18/2021 - On-Site: [REDACTED]
05/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *29* Residents Served: *16*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

05/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/24/2021*

7/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/23/2021*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster posted anywhere.

Plan of Correction

Accept

The Executive Director (ED) posted the influenza awareness poster in 2 visible locations within the community for all staff and residents to view and reference.

(Immediate; May 19th 2021)

The ED completed training with current staff to review health and safety laws, with a specific focus on postings for influenza awareness for all staff and residents.

(June 22nd, 2021)

The ED or designee will conduct a daily walk through of the community and ensure the influenza awareness poster is posted.

(May 19th, 2021 and ongoing)

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

(July 22nd 2021 and ongoing)

Completion Date: 07/22/2021

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED]/21, has been providing unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 05/18/21.

65d - Initial Direct Care Training (continued)**Plan of Correction****Accept**

Staff Member A completed the direct care training competency test on 5/18/2021 (Immediate; May 19th 2021)

*The ED in coordination with the Business Office Coordinator reviewed all employee files to ensure that all direct care staff persons had successfully completed the Department approved direct care training course and passed the competency test.
(May 19th 2021 and ongoing)*

*The ED provided training to the BOC regarding requirement for all persons hired in a position of direct care to review and successfully complete the Department approved direct care training course including passing the competency test, upon hire and on or before the community orientation start date.
(May 19th 2021)*

*ED reviews all new hires at monthly quality management meeting to ensure that there is a record of course completion and a certificate for the DHS competency test.
(May 19th 2021 and ongoing)*

*The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
(July 22nd 2021 and ongoing)*

Completion Date: 07/22/2021

82c - Locking Poisonous Materials**1. Requirements**

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A 2.5 ounce tube of Colgate Cavity Protection Toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the bathroom of room 130 in the Reminiscence Unit. Not all the residents of the home, including residents in the Reminiscence unit, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials *(continued)***Plan of Correction****Accept**

The tube of toothpaste which was identified as a poison control item was immediately secured away from the resident by the Reminiscence Coordinator.

(Immediate; May 19th 2021)

All resident rooms in the Reminiscence neighborhood, which specifically focuses on individuals with memory impairment, were immediately checked to ensure any and all items which are labeled as a potential poison were secured. No other poisons were identified or left unsecured.

(Immediate, May 19th 2021)

The Reminiscence Coordinator conducted training with all staff reviewing safe use, handling, and securing of any items which may be considered a "poison" for any resident who has been assessed as incapable of recognizing and using poisons safely. This training specifically included daily inspection of resident bathrooms and bedrooms to ensure resident safety.

(June 17th 2021)

The Reminiscence Coordinator, lead care manager, or designee will complete will complete periodic room checks and will complete a visual sweep of the residents bathroom and room to ensure all items which could be a potentially poisonous item are secured.

(May 19th 2021, and ongoing)

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

(July 22nd 2021 and ongoing)

Completion Date: 07/22/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)**Plan of Correction****Accept**

*The ED and Maintenance Coordinator (MC) placed a push light on the wall Resident #1 bed within reach.
(Immediate; May 19th 2021)*

*The ED and MC completed a room check on all resident rooms to ensure that each resident had an operable source of lighting at their bedside.
(Immediate, May 19th 2021)*

*Monthly, the MC or designee will complete a room check on all resident bedrooms to ensure that each resident has an operable source of lighting at their bedside.
(May 19th 2021, and ongoing)*

*The POC will be discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
(July 22nd 2021 and ongoing)*

Completion Date: 07/22/2021

227g -Support Plan Signatures**1. Requirements**

2600.

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

Description of Violation

Residents 1, 2, 3, 4 and 5 participated in the development of their support plans. However, the residents did not sign the support plans. There was no documentation of an attempt to sign or the residents' refusal to sign the support plans.

227g -Support Plan Signatures (*continued*)**Plan of Correction****Accept**

The ED, Personal Care Coordinator (PCC) and RC ensured the support plans were reviewed and signatures obtained for Residents 1, 2, 3, 4, and 5 who were able to sign, and a note entered for residents who refused to sign on the Interdisciplinary Care Meeting Signature Sheets.

(May 18th 2021)

PCC and RC reviewed all resident support plans to ensure that all residents who were able to sign did so or made note of a resident's refusal to sign on their Interdisciplinary Care Meeting Signature Sheets

(May 18th 2021)

The ED provided training to PCC and RC regarding process of obtaining resident signature at time of scheduled support plan meetings. Residents will be asked to sign their support plan if capable. If not unable to sign or for any resident who refuses to sign a notation will be made on their Interdisciplinary Care Meeting signature sheet which outlines their support plan.

(May 19th 2021)

The ED or designee will review/signature of ISPs that have been completed within the last 7 days at weekly meeting to ensure support plan meetings are completed or scheduled and that support plan signature page is in place.

(May 27th, 2021 and ongoing)

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

(July 22nd 2021 and ongoing)

Completion Date: 07/22/2021