



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 23, 2013**

Mr. Joseph D. Lambert, Vice President  
MS Lower Makefield SH, LLC  
7902 Westpark Drive  
McLean, Virginia 22102

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

Dear Mr. Lambert:

As a result of the Department of Public Welfare's licensing inspection on December 20, 2012, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

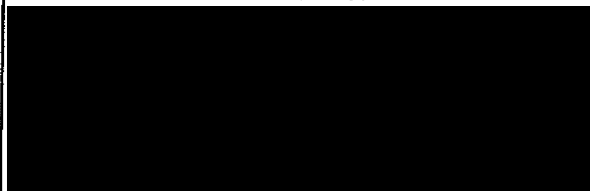
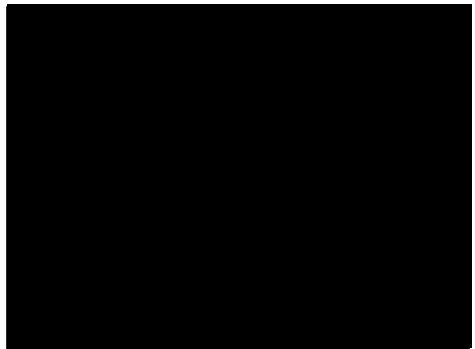
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller DR". The signature is written in a cursive style.

Chevon Miller  
Regional Licensing Administrator

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 198090
Address: 831 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: Anda Durso		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 119	Working Staff: 89
Type of Inspection: Parallel	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/20/2012: Scharpf, Amy; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 80 Secured Dementia Care Unit In Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 29 	Number of Residents who: 	

Violation Report: 13809 - 12/20/2012 - Schiarpf, Amy  
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
2600.42(e) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 12/17/12, at 8:10am, Staff Person A was heard saying to Resident #1, "This is ridiculous. You can't keep falling. Next time I am going to leave you on the floor. Take off your dirty underwear."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Plan of Correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Anda Nurso, ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Anda Nurso, Executive Director

Date 1/7/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

1/11/13  
(Date)

Plan of correction implementation status as of

1/11/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*AN*  
(Initials)

### Sunrise Senior Living, Inc. Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield  
 Address of PCH: 631 Stony Hill Road, Yardley, PA 19067  
 License number: 133600  
 Inspection date(s): December 20, 2012  
 Name/Title of Legal Entity Representative Signing the Plan of Correction: Anda Durso Executive Director  
 Signature of Sunrise Representative: *Anda Durso, ED*  
 Date of Submission: January 7, 2013

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
42c	12/17/12	The Executive Director (ED) placed Staff Person A on administrative leave immediately following the incident as the investigation commenced.
	12/18/12	Staff Person A was terminated following the conclusion of the investigation.
	12/18/12	The Personal Care Coordinator (PCC) and Activities Coordinator interviewed four other residents receiving care from staff person A to gather feedback regarding her conduct and delivery of care. All residents interviewed provided positive feedback regarding staff person A, her conduct and care.
	12/18/12	The PCC and Reminiscence (Secured Unit) Coordinator met with their direct care team to discuss the importance of treating residents with dignity and respect, as well as notifying their supervisor or coordinator if they feel burned out.
	12/21/12	Resident #1 was seen by the social worker from Odyssey Hospice (who provides end of life services for him due to end stage Parkinson's Disease) to discuss the incident. Although [redacted] could not elaborate verbally, resident was able to provide thumbs up or down signals to the social worker's questions. [redacted] indicated that [redacted] was not upset about the incident involving staff person A and did not want to discuss it at that time.
	12/27/12	Resident #1 was also counseled by the psychologist, Dr. [redacted]
	1/9/13	Fox Rehabilitation is scheduled to conduct a training session for all direct care staff regarding falls prevention.
	1/15/13 & 1/17/13	Odyssey Hospice is scheduled to conduct two training sessions on Stress Management and Avoiding Burnout along with hand and neck massages for all direct care staff.
	2/6/13	The ED scheduled training regarding resident rights and resident dignity for team members.
	12/18/12 and ongoing	Team members are to report directly to their supervisors whenever they witness or hear about a resident being treated without dignity and respect,

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

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