



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 15 2015

Mr. Michael J. Stein, Vice President of Management Company
MS Lower Makefield SH LLC
7902 Westpark Drive
McLean, Virginia 22102

RE: Sunrise Senior Living of Lower
Makefield
631 Stony Hill Rd
Yardley, PA 19067
License # 138090

Dear Mr. Stein:

As a result of the Department of Public Welfare's licensing inspection on March 16, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13809 - 03/16/2015 - Keely, Jennifer
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD


1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 2/10/2015, an allegation of abuse against Resident # 1 was reported involving Staff Member A and Staff Member B. Both staff members were suspended on 2/10/2015 and returned to work on 2/19/2015, prior to the conclusion of the Department's investigation.

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 page 1

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 

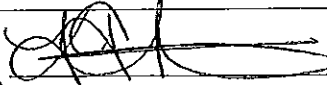
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tashba Graham, Executive Director Date June 2015

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

The above plan of correction is approved as of <u>6/10/15</u> (Date) The above plan of correction was approved by <u>RB</u> (Initials)	Plan of correction implementation status as of <u>6/10/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield
 Address of PCH: 631 Stony Hill Rd, Yardley, PA 19067
 License number: 138090
 Inspection date(s): 3/16/2015
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Tashba Graham, Executive Director

Signature of Sunrise Representative: 
 Date of Submission: 8 June 2015

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
15(a)	3/16/15	On day of inspection per the Departments instructions because of their concluded investigation the team members could remain at work and did not need to be placed on administrative leave again.
	3/16/15	The Executive Director and Coordinators reviewed the requirements for placing a team member on administrative leave and returning to work at the conclusion of an investigation of an allegation of abuse. Moving forward the managers will ensure that staff placed on administrative leave will not return to work prior to the conclusion of the Department's investigation, <i>or without BHSI approval.</i>
	3/16/15 and Ongoing	The Executive Director works directly with Coordinators when allegations of abuse occur and a staff person is placed on administrative leave. Staff placed on administrative leave will not return to work prior to the conclusion of the Department's investigation.

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.