



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: APR 24 2017**

Mr. David Allen, Executive Director  
MS Lower Makefield SH, LLC, Licensing  
**ATTN: Alma Tomlin**  
7902 Westpark Drive  
McLean, Virginia 22102

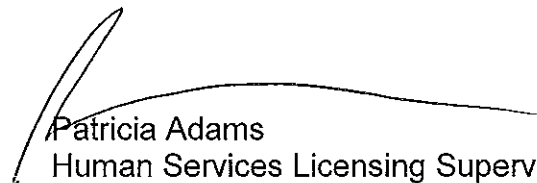
RE: Sunrise Senior Living of Lower Makefield  
631 Stony Hill Road  
Yardley, Pennsylvania 19067  
License #: 138090

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on August 23, 2016 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,



Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 13809
Address: 631 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: DAVID ALLEN		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: 116	Waking Staff: 87
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/23/2016: Keppel, Autumn; Gray, Dean		
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 who:	
Number of Residents Served: 89	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 89	
Area: Reminiscence	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable: 29	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28	Have a Mobility Need: 27	
Number of Current Hospice Residents: 14	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 10		

Violation Report: 13809 - 08/23/2016 - Keppel, Autumn  
 PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 The assessment and support plan for Resident #1 indicates that the resident is an elopement risk and requires moderate supervision. On 8/5/16, Resident #1 left the community without supervision and was found walking down a nearby street with another resident.

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.


Target Date by Which Correction will be completed	Plan of Correction
8/4/16	Upon returning to the community Resident #1 was assessed and interventions were put in place for the safety of the resident.
8/5/16 and ongoing	Resident #1's care plan was updated with appropriate interventions to meet the resident's supervision needs. Increased checks were implemented when in room and common areas. In addition a plan was put in place to encourage the resident to participate in activity programs, in order to minimize the opportunity to leave.
8/23/16	The resident who was encouraging Resident #1 to leave the community has moved out of the community. Resident #1 has not exhibited exit seeing behaviors, however interventions previously implemented are still in place, monitoring the resident's whereabouts and encouraging the resident to attend activity programs of interest.
11/2/16	The procedure for resident elopements will be discussed at our next team meeting, to ensure that all team members understand the steps to be taken if a resident departs the community without supervision.
10/27/16 and ongoing	This Plan of Correction was and will continue to be reviewed monthly by the Management Team at the Quality Assurance and Performance Improvement (Quality Management) meeting to evaluate consistency in maintaining compliance with this regulation.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) David A. M. Executive Director      Date 10/22/16

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

The above plan of correction is approved as of <u>10/28/16</u> (Date)	Plan of correction implementation status as of <u>10/28/16</u> (Date)
The above plan of correction was approved by  (Initials)	<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