

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

February 10, 2026

[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 11/26/2025 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:** 08/13/2026
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:** 07/17/2008 **Issued By:** Lower Makefield Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 156 **Waking Staff:** 117

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 11/26/2025

Inspection Dates and Department Representative

11/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 **Residents Served:** 86

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 29 **Residents Served:** 25

Hospice

Current Residents: 20

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 85
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 70 **Have Physical Disability:** 0

Inspections / Reviews

11/26/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/20/2025

01/13/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/02/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/18/2026

Inspections / Reviews *(continued)*

01/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/03/2026

02/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] had a fall the the home on [redacted]. Resident [redacted] hit their head and was sent to the emergency room for evaluation. This incident was not reported to the Department.

Resident [redacted] had another fall at the home on [redacted] that resulted in a head injury/laceration which required the resident to be sent out to the emergency room and ultimately be admitted to the hospital. This incident was not reported to the Department.

Plan of Correction

Directed [redacted] - 01/22/2026)

12/1/2025-Reportable immediately completed and sent to department by ED.

On 12/2/2025 Executive Director retrained Resident Care Director, Nursing team, and Care Coordinators on reporting incidents including head injuries as required by regulation 2600. 16c.

12/1/2025-Effective 12/1/2025 all incidents requiring hospitalization will be reviewed daily for up to 3 months with RCD and ED to ensure any reportable incidents are sent to the department. Reviewed incidents that occurred over the last quarter to ensure all incidents were reported and no other incidents were found.

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction ([redacted] - 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented [redacted] - 02/10/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, whose date of hire was [redacted] did not have a criminal background check completed until [redacted].

51 - Criminal Background Check (continued)

Plan of Correction

Directed [redacted] - 01/22/2026)

12/1/2025-An audit was conducted by BOC in which no additional background checks were found to be out of compliance.

12/1/2025-Executive Director retrained BOC on background check requirements by regulation 2600. 51.

12/13/2025 & ongoing-For the next 10 new team members, the ED and BOC will review each team member file upon hire to ensure all background checks. The BOC will then continue to monitor and ensure all background checks are in compliance with 2600.51.

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction [redacted] - 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented [redacted] - 02/10/2026)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration during the 2024 training year.

Plan of Correction

Directed [redacted] - 01/22/2026)

12/1/2025-The training for 2025 confirmed that the team member whom did not have training in 2024 trained in 2025. Retrained team member on medication self-administration.

12/1/2025-The Business Office Coordinator conducted an audit of current training and confirmed no team member is missing medication self-administration training within the current training calendar year.

12/1/2025 & ongoing-Executive Director retrained the Business Office Coordinator on training requirements within regulation 2600. 65f. The Executive Director will audit all training quarterly for the next 2 quarters to ensure all training is completed for each team member.

65f - Training Topics (continued)

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction [REDACTED] 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented [REDACTED] - 02/10/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during the 2024 training year.

Plan of Correction

Directed [REDACTED] - 01/22/2026)

12/1/2025-The training for 2025 confirmed that the team member whom did not have training in 2024 trained in 2025. The team member was retrained on OAPSA. The Business Office Coordinator was retrained on the training requirements as it pertains to regulation 2600. 65g specific to The Older Adult Protective Services Act.

12/1/2025-The Business Office Coordinator conducted an audit of current training and confirmed no team member is missing OAPSA training within the current training calendar year.

2/1/2025 & ongoing-The Business Office Coordinator was retrained by Executive Director on training requirements within regulation 2600. 65g, specifically pertaining to training on OAPSA requirements. The Executive Director will audit all training quarterly for the next 2 quarters to ensure all training is completed for each team member.

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

65g - Annual Training Content (continued)

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction (█ - 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented █ - 02/10/2026)

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident █ preadmission screening form, dated █, does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident █'s preadmission screening form, dated █ does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Directed █ - 01/22/2026)

12/1/2025-The RCD immediately completed the prescreen for both residents to properly reflect that the home can meet the needs of both residents.

12/1/2025-The RCD and nursing team were retrained by Executive Director on the preadmission screening requirements as it pertains to regulation 2600. 224a.

12/2/2025 & 12/3/2025-The RCD audited all resident charts to ensure proper completion of the preadmission screenings which resulted in no additional findings. The RCD and ED will review all preadmission screening forms for the next 10 residents who move into the community to ensure accurate completion.

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction (█ - 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented █ - 02/10/2026)

236 - Staff Training

6. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 5.5 hours of training in dementia care during the 2024 training year.

Plan of Correction

Directed (██████ 01/22/2026)

12/1/2025-Immediately, the training for the 2025 calendar year was audited in which it was confirmed that this team member received the required 6 hours of dementia training. Retrained dementia training was given.

12/1/2025-All team member training for the current 2025 calendar year was audited. No additional team members were found to need additional training.

12/1/2025-The Business Office Coordinator was retrained by Executive Director on training requirements specific to dementia care requirements within regulation 2600. 236. The ED and BOC will review the training quarterly for the next two quarters to ensure everyone receives the required training.

Starting 1/7/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be reviewed and evaluated by the Executive Director and coordinators at the Quality Assurance and Performance Improvement (QAPI) meeting to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 02/26/2026

Directed Plan of Correction (██████ - 1/22/26):

Only the overall completion date has been directed to 2/2/26.

Directed Completion Date: 02/26/2026

Implemented (██████ 02/10/2026)