

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

May 4, 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 03/02/2026, 03/03/2026 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:** 07/16/2008 **Issued By:** Lower Makefield Twsp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 136 **Waking Staff:** 102

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/03/2026

Inspection Dates and Department Representative

03/02/2026 - On-Site: [REDACTED]
03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 **Residents Served:** 84

Secured Dementia Care Unit

In Home: Yes **Area:** Reminiscence **Capacity:** 29 **Residents Served:** 24

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 83
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 52 **Have Physical Disability:** 0

Inspections / Reviews

03/02/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/02/2026

04/07/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/17/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/17/2026

Inspections / Reviews *(continued)*

05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 04/07/2026

On 3/2/2026, The contract was reviewed with the resident, and the resident signed the contract with the date of 3/2/2026.

On 3/4/2026, Executive Director retrained Director of Sales, Associate Director of Sales regarding contracted signatures. A plan was put into place to ensure all residents who are able, alert, and oriented are signing the contract with the Executive Director as well at time of move-In.

Effective 3/4/2026 until 4/4/2026, all contracts will be reviewed at time of physical move in to determine if resident is able to sign their contract.

Starting 4/15/2025 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 05/04/2026

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED]'s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 04/07/2026

On 3/2/2026, the contract was reviewed with the resident, and the resident signed the contract with the date of 3/2/2026. The resident rights page of the contract was copied and handed to resident post-signatures.

On 3/4/2026, Executive Director conducted audit, reviewing all contracts to ensure the community is in compliance with 41e, specifically ensuring records contained the statement signed by the resident acknowledging receipt of the copy of resident rights and procedures.

On 3/4/2026, the Executive Director retrained Director of Sales, Associate Director of Sales on regulation 41e, specifically ensuring records contained the statement signed by the resident acknowledging receipt of the copy of resident rights and procedures.

Effective 3/4/2026 and monthly for 2 months all contracts will be reviewed by Executive Director at time of physical move in to determine if resident is able to sign their contract.

Starting 4/15/2026 and quarterly for 2 QAPI meetings, the plan of corrections and monitoring results will be

41e Signed Statement (continued)

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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) 05/04/2026)

51 - Criminal Background Check

3. 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

On █████ around 09:40 AM, a carpet vendor was walking around the home without any supervision from the home's staff; however, the home did not have the vendor's criminal background information.

Repeat Violation: █████

Plan of Correction

Accepted (████) - 04/07/2026)

Immediately on 3/2/2026, the vendor was escorted throughout the community while completing work as per regulation 51.

On 3/4/2026, the Executive Director retrained the MC on regulation 51, specifically regarding vendor criminal background information.

Effective 3/2/2026, Upon entry and sign in, the concierge will verify if a background check exists for each vendor entering the community. Immediately, any vendor who does not have a background check will be escorted while walking throughout the community.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) - 05/04/2026)

54a - Direct Care Staff

4. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
 - 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept (█ - 04/07/2026)

On 3/2/2026, the team member was immediately removed from the direct care schedule. This team member received █ GED on 3/16/2026.

On 3/4/2026, the Business Office Coordinator conducted an audit of current team member files to ensure direct care workers have a high school diploma, GED, or active registry status on the PA nurse aide registry.

On 3/4/2026, the Business Office Coordinator was retrained by Executive Director on training requirements within regulation 54a specifically pertaining to ensuring direct care workers have a high school diploma, GED, or active registry status on the PA nurse aide registry.

Beginning on 3/4/2026 and for the next two months, the Executive Director will review all new direct care worker files to ensure requirements within regulation 54a specifically pertaining to ensuring direct care workers have a high school diploma, GED, or active registry status on the PA nurse aide registry.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█ - 05/04/2026)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █ around 09:50 AM, the refrigerator in the home's activity room was observed with spills which needed to be cleaned.

Repeat Violation: █ et al.

Plan of Correction

Accept (█ - 04/07/2026)

On 3/2/3036, the AVC immediately cleaned the spill which needed to be cleaned in the refrigerator.

On 3/4/2026, the Maintenance Coordinator audited all refrigerators within the community to ensure no other spills needed to be cleaned and sanitary conditions were maintained.

On 3/4/2026, the Executive Director retrained MC, PCC and RC on regulation 85a specifically relating to spills in refrigerators.

Beginning on 3/4/2026, the MC will complete weekly refrigerator checks for 8 weeks to ensure we remain in compliance with 85a specifically ensuring no spills are found needing to be cleaned.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

85a - Sanitary Conditions (continued)

Implemented (████) - 05/04/2026)

101j7 - Lighting/Operable Lamp

6. 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 █████ does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (████) - 04/07/2026)

On 3/2/2026, immediately upon finding, an operable lamp was installed that can be turned on at bedside.

On 3/4/2026, the MC conducted an audit of rooms to ensure an operable lamp was installed that can be turned on at bedside.

On 3/4/2026 the PCC, RC, and MC were educated by the Executive Director to ensure the community remains in compliance with 101j specifically relating to an operable lamp was installed that can be turned on at bedside.

Beginning on 3/4/2026 and weekly for two months, the PCC and RC will conduct room audits to ensure an operable lamp was installed that can be turned on at bedside.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) - 05/04/2026)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer section of the refrigerator in the home's activity room.

Plan of Correction

Accept (████) 04/07/2026)

On 3/2/3036 Immediately, a thermometer was placed in the freezer section of the Activity room refrigerator.

On 3/4/2026, the Maintenance Coordinator audited all refrigerators within the community to ensure the community is in compliance with 103f specifically in the freezer section of each refrigerator.

On 3/4/2026 the Executive Director retrained MC, PCC, RC, and AVC on regulation 103f specifically on requirements of thermometers in the freezer section.

Beginning on 3/4/2026 and for the next two months, the MC will complete weekly refrigerator checks to ensure we remain in compliance with 103f specifically relating to thermometers in the freezer section of the refrigerator.

Starting 4/15/2026 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

103f - Refrigerator/Freezer Temps (continued)

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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) 05/04/2026)

103g - Storing Food

8. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of frozen veggie burger patties in the home's walk-in freezer was opened and unsealed.

Plan of Correction

Accepted (████) - 04/07/2026)

On 3/2/2026, immediately, the kitchen team discarded the opened, unsealed veggie burger patties.
On 3/4/2026, the Dining Services Coordinator audited the walk-in refrigerator and freezer to ensure all food was stored in closed or sealed containers.
On 3/4/2026 the Executive Director retrained the Dining Services Coordinator on requirements of 103g specifically pertaining to food stored in closed or sealed containers.
Beginning on 3/4/2026 and for the next 8 weeks, the DSC will complete weekly refrigerator checks to ensure we remain in compliance with 103g specifically relating to food stored in closed and sealed containers.
Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) - 05/04/2026)

123b - Emergency Procedures Posted

9. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On (████), the home's emergency procedures were kept in a drawer at the reception desk and not posted in a conspicuous and public place in the home.

Plan of Correction

Accepted (████) 04/07/2026)

On 3/2/2026, Immediately the Emergency Procedures binder was placed in a conspicuous and public place in the home.
On 3/4/2026, the Executive Director educated the concierge team to ensure the Emergency Procedures binder remains in a conspicuous and public place in the home.
Beginning on 3/4/2026 and for the next 8 weeks, the concierge will complete weekly check to ensure the

123b - Emergency Procedures Posted (continued)

Emergency Procedures binder remains in a conspicuous and public place in the home. Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) 05/04/2026)

132g - Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

There has been no fire drill held during weekends since January 2025.

Plan of Correction

Accept (████) - 04/07/2026)

Beginning in April, a fire drill will be held during a weekend day to ensure that drills are held on different days of the week at different times of the day to remain in compliance with 132g.

On 3/4/2026, the Executive Director educated MC to ensure a fire drill will be held during a weekend day to ensure that drills are held on different days of the week at different times of the day to remain in compliance with 132g. Effective April of 2026, Executive Director will check monthly for 6 months to ensure a fire drill will be held during a weekend day to ensure that drills are held on different days of the week at different times of the day to remain in compliance with 132g.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (████) 05/04/2026)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of █████ was posted. However, the week of █████ was not posted in the home's Secured Dementia Care Unit (SDCU).

162c - Menus Posted (continued)

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 04/07/2026)

On 3/2/2026, the MC immediately updated the menu to ensure the menu posted 1 week in advance in a conspicuous and public place in the home in both Memory Care and Personal Care.

3/4/2026, the Executive Director educated the DSC on regulation 162c specifically to ensure the weekly menu is posted one week in advance in a conspicuous and public place in both Memory Care and Personal Care.

Beginning on 3/4/2026 weekly for 8 weeks, the DSC will complete weekly checks to ensure ensure the weekly menu is posted one week in advance in a conspicuous and public place in both Memory Care and Personal Care.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 05/04/2026)

187d - Follow Prescriber's Orders

12. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] once a day with a special instruction of 'hold for systolic blood pressure less than 120'. However, the resident's blood pressure was not measured before this medication was administered from [REDACTED] through [REDACTED]

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 04/07/2026)

Immediately on 3/2/2026, notified the physician and the special instruction was discontinued as per physician order.

On 3/4/2026, The Resident Care Director conducted an audit of resident MAR's to ensure the community remains in compliance with regulation 187d specifically reviewing resident parameters.

On 3/4/2026, The Executive Director educated the RCD on regulation 187d to ensure the community remains in compliance with regulation 187d specifically reviewing resident parameters.

Beginning on 3/4/2026 weekly for 8 weeks, the RCD will review 5 MAR's per week to ensure we remain in compliance with regulation 187d.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] 05/04/2026)

191 - Resident Right to Refuse

13. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED] admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 04/07/2026)

On 3/2/2026, the contract was reviewed with the resident, and the resident signed the contract with the date of 3/2/2026. The resident rights page of the contract was copied and handed to resident post-signatures.

On 3/4/2026, Executive Director conducted audit, reviewing all contracts to ensure the community is in compliance with 191, specifically ensuring records contained the statement signed by the resident acknowledging receipt of the copy of resident rights including the right to refuse medication if the resident believes there may be a medication error.

On 3/4/2026, the Executive Director retrained Director of Sales, Associate Director of Sales on regulation 191, specifically ensuring records contained the statement signed by the resident acknowledging receipt of the copy of resident rights and procedures including the right to refuse medication if the resident believes there may be a medication error.

Effective 3/4/2026 weekly for 8 weeks all contracts will be reviewed by Executive Director at time of physical move in to determine if resident is able to sign their contract.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 05/04/2026)

227g -Support Plan Signatures

14. Requirements

2600.

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

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED] but did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction

Accept [REDACTED] - 04/07/2026)

Upon review of the resident and [REDACTED] support plan it has been determined that the resident is unable to sign [REDACTED] support plan-immediately the home documented that the resident is unable to sign.

On 3/4/2026, the PCC/RC reviewed all of the support plans to ensure signatures of those participating are signed and those who were unable to sign were documented as such.

On 3/4/2026 the Executive Director educated the PCC and RC to ensure we remain in compliance with 227g specifically individuals who participate in the development of the support plan shall sign and date the support plan including documenting when a resident refuses or their inability to sign.

227g -Support Plan Signatures (continued)

Beginning on 3/4/2026, weekly for 8 weeks, the PCC/RC will review service plans to ensure we remain in compliance with 227g specifically individuals who participate in the development of the support plan shall sign and date the support plan including documenting when a resident refuses or their inability to sign.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 05/04/2026)

251b - Record Entries Legible

15. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident [REDACTED] RASP signature page. The dates on the same resident's contract signature page were written over without proper notation.

Plan of Correction

Accept [REDACTED] - 04/07/2026)

On 3/4/2026, all resident files were audited to ensure RASP signature pages did not appear with correction fluid and that all entries were permanent, legible, dated, and signed by the staff person making the entry.

On 3/4/2026 the Executive Director educated PCC, RC and RCD on regulation 251b, specifically that all entries were permanent, legible, dated, and signed by the staff person making the entry.

On 3/4/2026, the Executive Director audit weekly beginning 3/4/2026 for 8 weeks to ensure we remain in compliance with 251b. specifically ensuring all documents were legible, dated, and signed by the staff person making the entry.

Starting 4/15/2026 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.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 05/04/2026)