

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

March 17, 2025

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
LOWER MAKEFIELD SH LLC  
[REDACTED]

RE: SUNRISE SENIOR LIVING OF LOWER  
MAKEFIELD  
631 STONY HILL ROAD  
YARDLEY, PA, 19067  
LICENSE/COC#: 13809

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025, 01/23/2025 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: *08/13/2025*  
 Address: *631 STONY HILL ROAD, YARDLEY, PA 19067*  
 County: *BUCKS* Region: *SOUTHEAST*

## Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

## Legal Entity

Name: [REDACTED] *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 Township*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/23/2025*

## Inspection Dates and Department Representative

*01/22/2025 - On-Site:* [REDACTED]  
*01/23/2025 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *95* Residents Served: *64*

## Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *29* Residents Served: *21*

## Hospice

Current Residents: *10*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *32* Have Physical Disability: *32*

## Inspections / Reviews

## 01/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2025*

## 02/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/14/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/14/2025*

Inspections / Reviews *(continued)*

03/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

On 01/22/2025 at 10:30 am, during the reminiscence room inspection, the carpet in room #130 was stained with an unknown substance.

## Plan of Correction

Accept (█ - 02/21/2025)

1/22/2025-Immediately upon finding, the carpet stain in room #130 was shampooed and removed.

1/23/2025-All resident carpets were observed by the Reminiscence Coordinator, Personal Care Coordinator, and the Maintenance Coordinator. No additional carpets were found to need shampooing.

2/1/2025 & ongoing-Weekly suite checks will be conducted for 4 weeks, and then monthly for 3 months by the care managers to ensure the suites are up to regulation and no carpet needs repair or shampooing. The Personal Care Coordinator and Reminiscence Coordinator will ensure the care managers are completing these checks.

Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented (█ - 03/17/2025)

## 103e - Left Overs

## 2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

## Description of Violation

On 1/22/25, There were several unlabeled, undated bags of various food items including a bag of diced potatoes, a bag of chicken patties, a bag of steak patties, and a bag of shredded cabbage in the walk-in refrigerator and freezer.

## Plan of Correction

Accept (█ - 02/21/2025)

1/22/2025-The items found unlabeled were immediately discarded.

1/22/2025-All items in the refrigerator and walk-in freezer were inspected by the dining staff, in which no additional unlabeled items were discovered.

2/13/2025-The dining staff, as well as the care team, were retrained on labeling items once opened during our town hall meeting. The Dining Services Coordinator (DSC) will check weekly for 4 weeks and monthly for 3 months to ensure this training was effective.

Starting 4/17/2025 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.

## 103e - Left Overs (continued)

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025

## 109b - Rabies Vaccination

## 3. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

## Description of Violation

On 01/22/25, a cat was present at the home. The home does not have a current certificate of rabies vaccination for resident cat.

## Plan of Correction

Accept ( ) - 02/21/2025

1/22/2025-Immediately upon finding, the family of resident cat was scheduled for his vaccine appointment which took place on 1/25/2025.

1/22/2025-The Activities and Volunteer Coordinator audited vaccines of both resident cats that reside in the community in which no additional vaccines were found as expired.

2/1/2025-The Activities and Volunteer Coordinator (AVC) was retrained on the vaccination record process. Monthly, for 3 months, the AVC will audit the vaccine records of resident pets that reside in the community to ensure no additional vaccines are expiring. The AVC will communicate any expiring vaccines to resident families and/or resident.

Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025

## 141b1 - Annual Medical Evaluation

## 4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

Resident #4's most recent medical evaluation was completed on . The resident's previous medical evaluation was completed on .

## Plan of Correction

Accept ( ) - 02/21/2025

1/24/2025-The Resident Care Director (RCD) and Wellness Nurses were retrained on the DME process and timeframe required for DME's.

141b1 - Annual Medical Evaluation (continued)

1/27/2024 & 1/28/2024-The RCD completed an audit of DME's in the community to ensure each resident has a DME at least annually within their chart. No additional DME's were discovered as needed during this audit.

2/1/2025 & ongoing-The RCD and Wellness Nurses will meet weekly for 4 weeks and monthly for 3 months to review DME's due dates and notify physician of any coming due.

Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented (█) - 03/17/2025

162c - Menus Posted

5. 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 was not posted in a conspicuous and public place in the home. The Reminiscence did not have a current week menu posted.

Plan of Correction

Accept (█) - 02/21/2025

1/22/2025-The DSC immediately posted the correct monthly menu that was discovered as missing in the elevator.

1/22/2025-The DSC and dining services team was retrained on importance of menus being posted according to regulation 2600.162c.

2/1/2025 & ongoing-The DSC will audit the menus monthly for 3 months to ensure accuracy of dates posted.

Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented (█) - 03/17/2025

183e - Storing Medications

6. Requirements

2600.

**183e - Storing Medications (continued)**

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 01/22/25, Refresh Tear Drops 0.5% was in the medication's cart. According to the manufacturer's instructions, unused medication needs to be discarded after 90 days of opening. Resident #5's Refresh Tear had an open on date of 06/30/24 written on the box.

**Plan of Correction**

Accept (█) - 02/21/2025)

1/22/2025-The eye drops that were found to be expired were immediately removed from the cart and reordered from the pharmacy as a STAT order.

1/25/2025-All medication carts were audited to ensure any eye drops in the carts were not past their expiration date, in which no additional drops were found as expired.

1/29/2025-The Medication Care Managers (MCM) and Wellness Nurses were retrained on expiration dates during monthly meeting. For 3 months, the RCD or a licensed nurse will check all eye drops monthly to ensure expiration dates have not passed in addition to during cart audits.

Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented (█) - 03/17/2025)

**184a - Resident's Meds Labeled****7. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

The pharmacy label and physician order from 12/16/24 for resident #6's Lantus 100unit/ml, has instructions to inject 4 units subcutaneously daily at bedtime/hold if blood sugar is under 200 . The Residents JAN/2025 MAR does not match the physicians order to hold if blood sugar is under 200.

**Plan of Correction**

Accept (█) - 02/21/2025)

1/22/2025-Immediately, a "change in direction" sticker was placed on the label of the medication and medication was reordered from pharmacy to ensure label matches MAR order.

1/29/2025-All MCMs and Wellness Nurses were retrained on 5 checks and 5 rights at the monthly wellness meeting.

2/1/2025-Weekly for 4 weeks and monthly for 3 months, a Wellness Nurse will be conducting cart audits in addition to the MCM's to ensure accuracy of orders as well as ensuring the order matches the medication cards.

Starting 4/17/2025 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.

184a - Resident's Meds Labeled (continued)

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam 1mg/ml, apply 1mg topically twice a day. However, resident #1 was not administered Lorazepam on 01/11/25 at 8am.

Plan of Correction

Accept ( ) - 02/21/2025)

1/27/2025-An audit of MAR was preformed to ensure all other medications were administered as ordered.

1/29/2025-All MCM's and Wellness Nurses were retrained on 5 checks and 5 rights of medication administration at the monthly wellness meeting.

2/1/2025 & ongoing-Weekly for 4 weeks and monthly for 3 months, a Wellness Nurse will be conducting a MAR and narcotic book audit in addition to the MCM's to ensure all medications are administered based on prescriber orders. Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025)

226a - Mobility Assessment

9. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #7's assessment, dated ( ), does not include an assessment for a bed side mobility device. Resident#7 has a doctor's order for a bed enabler.

Plan of Correction

Accept ( ) - 02/21/2025)

1/22/2025-The service plan found not to have included the halo enabler bar was updated, as it was in the SEHA but did not transfer over to the ISP.

1/23/2025-An audit of all ISPs were conducted for residents who utilize an enabler bar to ensure the enabler bar

226a - Mobility Assessment (continued)

was included and all information entered properly in which no additional ISPs needed to be updated. 1/27/2025-The Reminiscence Coordinator (RC), Personal Care Coordinator (PCC), and RCD were retrained on how to properly enter information regarding mobility or enabler devices into the ISP. Monthly for 3 months the RC and PCC will audit all ISPs of those individuals utilizing an enabler bar to ensure it is entered into the ISP properly. Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025

234d - Support Plan Revision

10. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #4 was completed on ( ); however, the previous support plan was completed on ( )

Plan of Correction

Accept ( ) - 02/21/2025

1/27/2025-The RCD, RC and PCC were retrained by the ED on timeline of when care plans are due and instances in which they should be updated. 1/27/2025An audit of care plans was preformed by the RC and PCC, in which no additional care plans were found as currently out of date. 2/1/2025-Monthly for 3 months, the RC, PCC, RCD and ED will discuss in morning meeting who is coming due to ensure they are completed timely. Starting 4/17/2025 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.

Proposed Overall Completion Date: 04/17/2025

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ( ) - 03/17/2025