pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
July 25, 2022

SZR Abington AL OPCO, LLC

RE: Sunrise of Abington
1801 Susquehanna Road
Abington, Pennsylvania 19001
License #: 14488

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 21 and 22, 2020 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Bureau of Human Services Licensing/ /Southeast Regional Office
1001 Sterigere Street, Room 161, Building 2 | Norristown, Pennsylvania 19401 | 610-270-1137 | F 610-270-1147 | www.dhs.pa.gov

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

Facility Information

Name: *SUNRISE OF ABINGTON* **License #**: *14488* **License Expiration**: *01/01/2021*

Address: *1841 SUSQUEHANNA ROAD, ABINGTON, PA 19001*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *2155768899* **Email**: [redacted]

Legal Entity

Name: *SZR ABINGTON AL OPCO LLC*

Address: *500 N HURSTBOURNE PKWY,STE 200, LOUISVILLE, KY, 40222*

Phone: *2155768899* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *12/07/2000* **Issued By**: *Abington Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *77* **Waking Staff**: *58*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *10/27/2020*

Inspection Dates and Department Representative

10/21/2020 - On-Site: [redacted]

10/22/2020 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served**: *56*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *REMINISCENCE* **Capacity**: *28* **Residents Served**: *19*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *21* **Have Physical Disability**: *1*

Inspections / Reviews

10/21/2020 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/08/2020*

12/01/2020 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/04/2020*

07/22/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** **Follow-Up Date:**

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/21/20, the home's current LIS, dated 07/07/20, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

The current LIS was located by the Executive Director and placed near the front desk of the community in a conspicuous location so it is readily available.

After review, it was determined the LIS was located in the drawer behind the concierge’s desk in the front lobby. Executive Director removed the LIS from the drawer and placed them on top of hutch located in the main section of the lobby, where they are readily available.

The Executive Director and/or designee will check during daily rounds to ensure the LIS is in an accessible location at all times.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Completion Date: *10/21/2020*

Document Submission ***Implemented***

The current LIS was located by the Executive Director and placed near the front desk of the community in a conspicuous location so it is readily available.
After review, it was determined the LIS was located in the drawer behind the concierge’s desk in the front lobby. Executive Director removed the LIS from the drawer and placed them on top of hutch located in the main section of the lobby, where they are readily available.
The Executive Director and/or designee will check during daily rounds to ensure the LIS is in an accessible location at all times.
The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

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).

16c - Written Incident Report *(continued)*

Description of Violation

On 09/09/20, at 12:45 pm, an Abington Police Officer arrived at the home, for an incident of resident to resident abuse. The home did not report this incident to the Department until 09/10/20, at 6:30 pm.

Plan of Correction ***Accept***

The Executive Director will conduct re-education with Personal Care Coordinator (PCC), Reminiscence Coordinator (RC), and Resident Care Director (RCD) on the reporting incidents within the 24 hour required timeframe.
The Executive Director and/or designee will verify during the daily stand-up meeting that all reportable incidents were reported or are scheduled to be reported within the 24 hour required timeframe.
The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Completion Date: *11/15/2020*

Document Submission ***Implemented***

The Executive Director will conduct re-education with Personal Care Coordinator (PCC), Reminiscence Coordinator (RC), and Resident Care Director (RCD) on the reporting incidents within the 24 hour required timeframe.
The Executive Director and/or designee will verify during the daily stand-up meeting that all reportable incidents were reported or are scheduled to be reported within the 24 hour required timeframe.
The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Aveeno Daily Moisturizing lotion, with a manufacture's label indicating "If swallowed, get medical help or contact a poison control center right away ", was unlocked, unattended, and accessible to residents in the Memory Care Unit. Not all the residents of the home, have been assessed capable of recognizing and using poisons safely.

Plan of Correction *Not Implemented MJ 7/24/22*

The bottle of Aveeno Daily Moisturizing Lotion was immediately taken out of the unlocked cabinet where it was being stored, and it was discarded.

It was determined immediately that there were no other bottles of poisonous materials located in other cabinets/closets of common areas/bathrooms of the community. The Reminiscence Coordinator (RC) and Executive Director (ED) completed a thorough search of all other resident rooms as well as common area bathrooms and found no other unsecured chemicals.

The RC will re-educate all team members on the importance of assuring all chemicals/poisonous materials are always secured. The RC and/or designee will complete daily walk through of the secured memory care unit to ensure all chemicals/poisonous materials remain secured.

82c - Locking Poisonous Materials (continued)

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Completion Date: *10/21/2020*

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms on the 1st floor near the private dining room, 1st floor in Personal Care and the 3rd floor in Memory Care do not have an operable window or ventilation fan. The fan is inoperable and there is no window in the bathrooms.

Plan of Correction ***Accept***

After identifying the non-functioning ventilation fans, the Facilities Director called a vendor to schedule a repair of the fans. Vendor arrived at the community on November 2nd and repaired the non-functioning fans (see the attached invoice for scope of work).
Executive Director and Facilities Director examined all ventilation fans and determined all others were functioning and working properly.

Facilities Director and/or designee will check ventilation fans in bathrooms during daily rounds. Any fans that are determined to be non-functioning will be scheduled immediately for repair via an outside vendor.
The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Completion Date: *11/02/2020*

Document Submission ***Implemented***

After identifying the non-functioning ventilation fans, the Facilities Director called a vendor to schedule a repair of the fans. Vendor arrived at the community on November 2nd and repaired the non-functioning fans (see the attached invoice for scope of work).
Executive Director and Facilities Director examined all ventilation fans and determined all others were functioning and working properly.
Facilities Director and/or designee will check ventilation fans in bathrooms during daily rounds. Any fans that are determined to be non-functioning will be scheduled immediately for repair via an outside vendor.
The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effectiv

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures *(continued)*

Description of Violation

On 10/21/20, at 12:45 pm, the glucometer belonging to resident #2 was not calibrated to the correct time. The glucometer displayed a time of 10:45 am.

Plan of Correction *Not Implemented MJ 7/24/22*

The Resident Care Director (RCD) reviewed the violation with the wellness team immediately following the debriefing meeting. The Glucometer time was correctly immediately on the monitor in question.
At the October staff meeting the following process was discussed and agreed upon by the wellness nurses and med care managers:
1. Time will be checked for accuracy each time the glucometer is utilized, and any corrections are made at that time.
2. During set up of new glucometer the time will be set without fail.
3.During weekly medication cart audits the Med Care Manager will also check all glucometer time for accuracy.
4. During monthly glucometer audits and medication cart checks completed by the wellness nurses, the current time will be verified on the glucometer.
A diagram from the glucometer manufacture was reviewed during the staff meeting. A copy of the diagram was placed in each carts binder and placed in the wellness information binder.
Formal training with return demonstration, of all wellness team staff on how to set the correct time on the glucose monitor will be completed.

Completion Date: *11/13/2020*