

Department of Human Services  
Bureau of Human Service Licensing

October 3, 2022

[REDACTED]  
SZR ABINGTON AL OPCO LLC  
[REDACTED]

RE: SUNRISE OF ABINGTON  
1841 SUSQUEHANNA ROAD  
ABINGTON, PA, 19001  
LICENSE/COC#: 14488

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SUNRISE OF ABINGTON* License #: *14488* License Expiration: *01/01/2023*  
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: *7902 WESTPARK DRIVE, MCLEAN, VA, 22102*  
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: *127* Waking Staff: *95*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *10/07/2021*

**Inspection Dates and Department Representative**

*10/07/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *110* Residents Served: *80*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *28* Residents Served: *22*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *47* Have Physical Disability: *4*

**Inspections / Reviews**

*10/07/2021 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2021*

Inspections / Reviews (*continued*)

10/07/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/01/2022*

10/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home failed to put safety precautions in place for resident #1, who has known tendencies of becoming agitated and aggressive. On 9/29/21, resident #1, with a diagnosis of Dementia with behavioral disturbances, intentionally removed [redacted] from the table and struck resident #2 on the back of the head during dinner. Resident #1 has had two other physical altercations with residents.

The home has not implemented positive interventions to modify or eliminate any unsafe behaviors. On 10/7/21, there were six residents residing in memory care, left unattended with a pair of scissors on the table. The home failed to utilize any precautionary methods to ensure the residents in memory care were safe and free of harm.

Plan of Correction

Accept

11/29/2021- Resident #1 no longer resides in the community.

10/7/2021-The scissors were immediately removed from the table by the Life Enrichment Manager. No residents were harmed.

9/30/2021- Resident #1 was provided 1/1 companionship by an aide to ensure no further incidents with other residents would occur.

10/7/2021-Team members were reeducated on the procedures for supervision during activities and meals for residents with memory impairments.

12/31/2021- Team members will be re-educated on residents' rights, specifically; A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

12/31/2021 and for three months ongoing- During the monthly Quality Management (QAPI) meeting, the Executive Director (ED) and coordinators will review the POC to determine if it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/09/2021

Update: 12/15/2021

Provide documentation of re-education.

Document Submission

Implemented

See attached.

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

The home has challenges in meeting the needs of the residents' living in the home as evidence by the following concerns:

- Breakfast dishes in common area at 11:28 am on 10/7/21
- Hospice residents requiring 1:1 intervention to ensure residents are receiving their meals
- Six unattended residents in memory care, sitting in the dining room of Reminiscence. with a pair of scissors left on the table. Staff was not present to ensure the safety and well being of the residents.

Plan of Correction

Accept

10/7/2021-The breakfast dishes were removed from the common area.

10/7/2021-All residents in every neighborhood receive their meals and any assistance required eating meals.

10/7/2021-The scissors were immediately removed from the table by the Life Enrichment Manager. No residents were harmed.

10/7/2021-The ED and Care Coordinators reviewed the schedule to verify number of hours needed for each neighborhood based on census, acuity, the resident's assessment, and support plan and identified needs.

10/7/2021-The management team reviews the mobility needs of the residents daily to ensure the community is meeting staffing requirements.

10/7/2021-Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED work together to verify proper staffing levels for each neighborhood.

12/31/2021 and for three months ongoing- During the monthly QAPI meeting the ED and Coordinators will review the POC to determine if it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 12/09/2021

Update: 12/15/2021

Provide documentation of schedule

Document Submission

Implemented

See attached.