

Department of Human Services
Bureau of Human Service Licensing

March 22, 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 03/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: *215-576-8899* Email: [REDACTED]

Legal Entity

Name: *SZR ABINGTON AL OPCO LLC*
Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
Phone: *2155768899* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *REMINISCENCE* Capacity: *28* Residents Served: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

03/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2022*

Inspections / Reviews (*continued*)

03/21/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2022*

03/22/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 2/10/22, from 11:00pm to 7:00am, 77 residents were present in the home. During this time 1 staff person was present in the home who is certified in obstructed airway techniques and CPR.

On 2/16/22, from 11:00pm to 7:00am, 77 residents were present in the home. During this time 1 staff person was present in the home who is certified in obstructed airway techniques and CPR.

Plan of Correction

Accept

3/2/2022 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) immediately reviewed schedules to ensure the community was in compliance with having at least one team member who was certified in CPR/First Aid scheduled per every 50 residents in the community.

3/3/2022 Executive Director provided training to the Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) and Business Office Coordinator (BOC) on the scheduling requirement for CPR/First Aid certified team members in the community.

3/3/2022 Community leadership team identified team members needing to be recertified for CPR/First Aid.

3/3/2022 Labor/team member scheduling is reviewed daily in the morning stand up meeting. Staffing requirement of having at least one team member who is CPR/First Aid certified for every 50 residents is reviewed to ensure compliance, and any team members requiring recertification in the community are discussed at this time.

3/25/2022 Community scheduled a CPR/First Aid class for any team members who need to be certified for CPR/First Aid, and a CPR/First Aid class will be scheduled to be held monthly.

3/31/2022 and 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: 03/21/2022

Document Submission

Implemented

3/2/2022 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) immediately reviewed schedules to ensure the community was in compliance with having at least one team member who was certified in CPR/First Aid scheduled per every 50 residents in the community.

3/3/2022 Executive Director provided training to the Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) and Business Office Coordinator (BOC) on the scheduling requirement for CPR/First Aid certified team members in the community.

3/3/2022 Community leadership team identified team members needing to be recertified for CPR/First Aid.

3/3/2022 Labor/team member scheduling is reviewed daily in the morning stand up meeting. Staffing requirement of having at least one team member who is CPR/First Aid certified for every 50 residents is reviewed to ensure compliance, and any team members requiring recertification in the community are discussed at this time.

63a - First Aid/CPR Training (continued)

3/25/2022 Community scheduled a CPR/First Aid class for any team members who need to be certified for CPR/First Aid, and a CPR/First Aid class will be scheduled to be held monthly.
3/31/3022 and 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.

63d - Certified CPR Staff

1. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On [redacted] resident #1 was found in bed unresponsive and without respirations. Staff member B who was present and on duty at the time and failed to render assistance to the resident in accordance with his/her training. Staff member A gave resident #1 CPR, however is not CPR certified.

Plan of Correction

Accept

3/2/2022 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) immediately reviewed schedules to ensure the community was in compliance with at least one team member who was certified in CPR/First Aid scheduled per every 50 residents in the community.

3/3/2022 Community leadership team identified team members needing to be recertified for CPR/First Aid and informed team members of CPR/First Aid recertification needs.

3/24/2022 Executive Director provided training during monthly Town Hall Meeting to all team members on the CPR policy including the need to have current CPR/First Aid certification in order to administer CPR/First Aid in the community.

3/3/2022 Labor/team member scheduling is reviewed daily in the morning stand up meeting. Staffing requirement of having at least one team member who is CPR/First Aid certified for every 50 residents is reviewed to ensure compliance, and any team members requiring recertification in the community are discussed at this time.

3/25/2022 Community scheduled a CPR/First Aid class for any team members who need to be certified for CPR/First Aid, and a CPR/First Aid class will be scheduled to be held monthly.

3/31/2022 and for the next 3 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: 03/21/2022

Document Submission

Implemented

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63d - Certified CPR Staff (continued)

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224a - Preadmission Screen Form

1. 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 #1 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted].

Plan of Correction

Accept

2/7/2022 Resident #1 no longer resides in the community.

3/3/2022 The Resident Care Director (RCD) and Wellness Nurses audited all resident preadmission screening forms to ensure all forms were completed within thirty days a resident moving into the community.

3/2/2022 The Executive Director provided training to Resident Care Director (RCD) and Wellness Nurses regarding regulation requiring preadmission screening form to be completed no more than thirty days prior to a resident's admission.

3/3/2022 The RCD and/or designee will review/audit all new resident files to ensure current preadmission screening is completed and in resident file prior to move in.

3/31/2022 and for the next 3 months ongoing 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: 03/21/2022

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3/3/2022 The Resident Care Director (RCD) and Wellness Nurses audited all resident preadmission screening forms

224a - Preadmission Screen Form (continued)

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Completion Date: 03/21/2022