

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

March 15, 2023

[REDACTED], EXECUTIVE DIRECTOR
SZR ABINGTON AL OPCO LLC
[REDACTED]
[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 01/26/2023 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 OF ABINGTON* License #: *14488* License Expiration: *01/01/2024*
Address: *1841 SUSQUEHANNA ROAD, ABINGTON, PA 19001*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SZR ABINGTON AL OPCO LLC*
Address: [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: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/26/2023*

Inspection Dates and Department Representative

01/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *28* Residents Served: *18*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *41* Have Physical Disability: *2*

Inspections / Reviews

01/26/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2023*

02/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/01/2023*

Inspections / Reviews *(continued)*

03/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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).

Description of Violation

There was an abuse allegation for resident 1 on [REDACTED]. The home did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 02/17/2023)

[REDACTED] - Resident allegation of abuse was reported to Department of Human Services by Sunrise of Abington. Team member alleged for abuse was put on administrative leave pending investigation by the community.

[REDACTED] - Community team members reeducated on abuse and timely reporting of abuse. (see attached).

[REDACTED] and ongoing- Executive Director reviewed abuse reporting in daily stand up with community leaders to ensure timely reporting of all allegations of abuse.

[REDACTED] & 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.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 03/15/2023)

252 - Record Content

2. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

252 Record Content (continued)

- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident 1's record does not include religious affiliation and social security number.

Plan of Correction

Accept (█ - 02/17/2023)

1/26/2023 The Associate Executive Director updated the face sheet of resident #1 to reflect the correct information previously missing.

1/26/2023 The Resident Care Director audited the face sheets of all residents to ensure all necessary information was reflected and accurate.

2/16/2023 and ongoing The Executive Director will randomly audit the resident face sheets monthly to ensure they are complete and accurate.

2/28/2023 & 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.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█ - 03/15/2023)