

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

January 19, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
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 12/28/2023 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/02/2010* Issued By: *Abington Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *12/28/2023*

**Inspection Dates and Department Representative**

*12/28/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *110* Residents Served: *64*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminence* Capacity: *18* Residents Served: *13*

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *42* Have Physical Disability: *0*

**Inspections / Reviews**

**12/28/2023 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2024*

**01/19/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *01/19/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

01/19/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on 1 [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 01/19/2024)

On [REDACTED], the ED completed an audit of direct care staff persons personnel records to verify proof of qualifications is available. No additional concerns identified.

On 01/02/2023, The Executive Director (ED) registered staff person A in the direct care staff training course through Temple University who were closed for the holiday.

On 01/04/2024, The ED met with the leadership team and reviewed direct care staff requirements.

On 01/08/2024, staff person A completed the department approved direct care training course and passed the competency test.

On 01/23/2024 and ongoing, This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur again.

Licensee's Proposed Overall Completion Date: 01/31/2024

65d Initial Direct Care Training *(continued)*

*Implemented ( [REDACTED] - 01/19/2024)*