

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

August 30, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS  
SBLP UPPER DUBLIN OPCO LLC  
[REDACTED]  
[REDACTED]

RE: THE 501 AT MATTISON ESTATE  
501 MATTISON AVENUE  
AMBLER, PA, 19002  
LICENSE/COC#: 14926

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2024, 06/05/2024 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: *THE 501 AT MATTISON ESTATE* License #: 14926 License Expiration: 10/13/2024  
 Address: 501 MATTISON AVENUE, AMBLER, PA 19002  
 County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: *SBLP UPPER DUBLIN OPCO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 08/03/2022 Issued By: *Township of Upper Dublin*  
 Type: I-2 Date: 08/03/2022 Issued By: *Township of Upper Dublin*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/05/2024*

**Inspection Dates and Department Representative**

06/04/2024 - On-Site: [REDACTED]  
 06/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 118 Residents Served: 74

**Special Care Unit**  
 In Home: *Yes* Area: *3rd floor* Capacity: 42 Residents Served: 24

**Hospice**  
 Current Residents: 1

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 47 Have Physical Disability: 0

**Inspections / Reviews**

06/04/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2024*

Inspections / Reviews *(continued)*

07/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/26/2024

08/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence 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 assisted living residence.

Description of Violation

On 06/04/2024, the residence did not post a copy of this chapter in a conspicuous and public place in the residence.

Plan of Correction

Accept ( [redacted] ) - 07/25/2024)

2800.3d

- The ALM re-educated the HWD and Concierge on 6/5/25 on the regulation stating that a copy of the current license inspection summary issued by the department and a copy of this chapter in a conspicuous place in the assisted living residence.
- A copy of the 2800 regulations was posted at the assisted living concierge area prior to the end of the day on 6/4/24 by the Health & Wellness Director (HWD).
- The Assisted Living Concierge will monitor the posting weekly, beginning 6/6/2024 to ensure it has not been removed.
- ALM/designee will conduct a monthly audit, x 3months for compliance beginning 6/6/2024.
- ALM is responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ( [redacted] ) - 08/30/2024)

132b Safety inspection/fire drill

2. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The residence's most recent annual fire safety inspection was dated 11/29/2023. The previous one was dated 05/23/2022.

Plan of Correction

Accept ( [redacted] ) - 07/25/2024)

2800.132b

- The Building Engineer was retrained by the ALM on 6/5/2024 regarding the regulation of an annual fire safety inspection, by a Fire Expert, within the required annual date.
- A fire safety inspection conducted by a fire safety expert was completed on 11/29/2023 and will be completed annually, scheduled by the Building Engineer before 11/28/2024.
- Documentation of fire safety inspection shall be kept in the Survey Preparedness Binder located in the ALMs office.
- ALM/designee will ensure this is reviewed in the monthly Quality Management meeting beginning July ,17 2024.
- ALM is responsible for ongoing compliance.

**132b Safety inspection/fire drill (continued)**

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024)

**132e Fire drill - sleeping hours****3. Requirements**

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The last fire drill conducted during sleeping hours was on 12/13/2023 at 06:00 AM. The previous sleeping hour's fire drill was conducted on 05/31/2023 at 05:30 AM.

**Plan of Correction**

Accept (████) - 07/25/2024)

2800.132e

- The Building Engineer was retrained on the regulation of a fire drill held during sleeping hours once every 6 months by the ALM on 6/5/24.
- The Building Engineer will audit the completed fire drills for the year by 6/30/2024, to ensure sleeping hours fire drills are conducted every six months, per regulation.
- The most recent sleeping hour fire drill was held 6/11/2024 at 6:00 AM.
- ALM/designee will audit the fire drill log every quarter beginning 6/30/2024, to make sure fire drills are scheduled per regulations.
- ALM is responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024)

**183d Current medications****4. Requirements**

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

**Description of Violation**

On 06/05/2024, a blister pack of Mirtazapine 7.5 mg prescribed for resident #1 was in the residence's 2nd floor medication cart; however, the medication was discontinued on 06/02/2024.

**Plan of Correction**

Accept (████) - 07/25/2024)

2800.183d

- Upon discovery that Resident #1's medication was still in the medication cart on 6/5/2024 after being discontinued on 6/2/2024, the medication was immediately removed by the Health and Wellness Director (HWD), correlating directly to the prescriber's order as listed on the MAR.
- A re-education was completed on 6/7/2024 by the HWD with all Nurses and Med Techs to ensure medications

183d Current medications (continued)

are removed from the medication cart upon discontinuation by the prescriber.

- HWD/designee will complete an audit of 100% of residents' medication on the cart to ensure that only ordered medications are in the cart by 6/30/2024.
- Beginning 7/1/2024 a complete medication cart audit for each medication cart will be completed weekly, x2 two months by the HWD/designee to ensure compliance.
- HWD is responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024)

184a Resident meds labeled

5. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #2's Lorazepam Intensol 2mg/ml read every 6 hours while the order is every 6 hours as needed (PRN).

The pharmacy label for resident #4's Oxycodone HCL 5mg read every 8 hours as needed while the resident's medication administration record (MAR) read every 6 hours as needed.

Plan of Correction

Accept (████) - 07/25/2024)

2800.184a

- Upon discovery that resident #2 and resident #4's medications were incorrectly labeled, change of direction stickers were immediately applied and the MAR was corrected to match the MD order exactly on 6/5/2024.
- A re-education was completed on 6/7/2024 by the HWD with all Nurses and Med Techs to ensure medications are transcribed correctly from the prescriber's order as well as a review of the Five Rights of Medication Administration.
- HWD/designee will complete an audit of 100% of residents' medication on the cart to ensure that prescribed order matches the pharmacy label by 6/30/2024.
- Beginning 7/1/2024 a complete medication cart audit for each medication cart will be completed weekly, x2 months by the HWD/designee to ensure compliance.
- HWD is responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024)

185a Storage procedures

6. Requirements

**185a Storage procedures (continued)**

2800.

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

**Description of Violation**

*Resident #1 is prescribed accucheck three times a day before meals. On 06/05/2024, resident #1's glucometer (back up for the resident's Freestyle libre) was not calibrated to correct date and time. It did not display the date.*

*The resident's Freestyle libre history log was compared to the resident's MAR and there was no history for the morning and lunch time of 06/04/2024 while the resident's MAR read 201 for the morning and 203 for lunch.*

**Plan of Correction**

Accept (████) - 07/25/2024

2800.185a

- Nurses and Med Techs have been re-educated on the calibration of glucometers, Glucose Monitoring and the use of the Freestyle libre on 6/11/2024 by the Health and Wellness Director (HWD).
- Nurse/Med Tech on night shift will check the glucose meter calibration to make the correct date and time are on the glucometers daily x1 month, and weekly x3months beginning 6/13/2024 and report findings to the HWD.
- HWD will audits monthly x3months, beginning 7/1/2024.
- HWD is responsible for ongoing compliance.

*Proposed Overall Completion Date: 08/23/2024*

**Licensee's Proposed Overall Completion Date: 08/23/2024**

Implemented (████) - 08/30/2024

**187b Date/time of med admin****7. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #4 is prescribed Tramadol 50 mg every 6 hours as needed. The resident's May MAR does not include the initials of staff person C who administered it on 05/31/2024 at 06:30 AM.*

*Resident #5 is prescribed Oxycodone 5 mg once daily as needed. The resident's May MAR does not include the initials of the staff person who administered it on 05/09, 10, 14, 25, 26/2024.*

**Plan of Correction**

Accept (████) - 07/25/2024

2800.187b

- Nurses and Med Techs have been re-educated on the process of documenting narcotic administration on both the narcotic log and the EMAR at the time of administration, by the HWD on 6/7/24 which also included the Five Rights of Administration.
- HWD will audit the Narcotic sign out book and the EMAR weekly beginning 7/1/24, for x3 month to ensure medication is recorded at the time the medication is administered.
- HWD is responsible for ongoing compliance.

*Proposed Overall Completion Date: 08/23/2024*

## 187b Date/time of med admin (continued)

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ( ) - 08/30/2024

## 187d Follow prescriber's orders

## 8. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #4 is prescribed Tramadol 50 mg every 6 hours as needed. The resident was administered this medication at 06:30 AM and 10:38 AM on 05/31/2024, only 4 hours apart.

Resident #1 is prescribed accucheck three times a day before meals. The resident Freestyle libre history log was compared to the resident's MAR and there was no history for the morning and lunch time of 06/04/2024 while the resident's MAR read 201 for the morning and 203 for lunch, both recorded by staff B.

**Plan of Correction**

Accept ( ) - 07/25/2024

2800.187d

- Nurses and Med Techs have been re-educated about following the directions of the prescribed order by the Health and Wellness Director (HWD) on 6/7/2024.
- Nurses/Med Techs were re-educated on 6/7/2024, by HWD/designee on the Five Rights of Medication Administration.
- Nurse/Med Techs on night shift will check the glucose meter calibration to make the correct date and time are on the glucometers daily x1 month and weekly x3 months beginning 6/13/2024. Findings will be to the HWD.
- HWD will complete glucometer audits monthly x3months, beginning 7/1/2024.
- HWD is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ( ) - 08/30/2024

## 251b Record entries - legible

## 9. Requirements

2800.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

Resident #5 is prescribed Oxycodone 5 mg once daily as needed. The controlled substance log has write overs for the dates of 4/23/24, 5/3/24, 5/9/24, and 5/16/24. The full entry for 4/19/24 is crossed out without proper notation.

**Plan of Correction**

Accept ( ) - 07/25/2024

2800.251b

- Nurses and Med Techs have been in serviced about the proper way to edit a resident's record and re-educated that write overs are prohibited, by the Health and Wellness Director (HWD) on 6/7/2024.
- Nurses/Med Techs were re-educated on 6/7/2024, by HWD on the Five Rights of Medication Administration.
- Nurse/Med Techs on night shift will check the narcotic sign out book weekly x3 month beginning 7/1/2024.

251b Record entries - legible (continued)

Findings will be reported to the HWD.  
- HWD is responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024

252 Records – content

10. Requirements

- 2800.
- 252. Content of Resident Records - Each resident's record must include the following information:
  - 23. If the resident dies in the residence, a copy of the official death certificate.

Description of Violation

Resident #6 passed away unexpectedly on █████ at the residence . The resident's record does not include an official death certificate.

Plan of Correction

Accept (████) - 07/25/2024

2800.252

- The Health and Wellness Director was re-educated by the ALM on 6/14/2024 regarding the regulation to obtain an official death certificate for any resident who passes away in the residence.
- Going forward an official death certificate will be obtained for any resident who passes away in the residence by the HWD/ALM.
- HWD and ALM responsible for ongoing compliance.

Proposed Overall Completion Date: 08/23/2024

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (████) - 08/30/2024