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

June 29, 2026

[redacted], REGIONAL DIRECTOR OF OPERATIONS
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 03/09/2026, 03/10/2026 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**: *01/01/2027*

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: *C-2 LP* **Date**: *06/06/1997* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *123* **Waking Staff**: *92*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *03/10/2026*

Inspection Dates and Department Representative

03/09/2026 - On-Site: [redacted]

03/10/2026 - 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**: *Reminiscence* **Capacity**: *28* **Residents Served**: *20*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *71*

Diagnosed with Mental Illness: *28* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *52* **Have Physical Disability**: *0*

Inspections / Reviews

03/09/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/11/2026*

04/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/04/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/15/2026*

Inspections / Reviews *(continued)*

04/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/05/2026*

06/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/04/2026*

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

On [redacted] around [redacted] a personal check belonging to resident #1 was found in staff A's apron. The check was blank except for the payee name (staff A). Staff A was terminated around [redacted] after it was found out that staff A had brought alcohol and consumed some while on duty during the 2nd shift [redacted] on [redacted]. After the termination notice, staff A contacted staff B over the phone, asking to check if [redacted] housekey was in the apron issued by the home. Staff B checked staff A's apron and came across the check. Resident #1 was out of the home for a hospital visit on [redacted] and did not utilize the lockable drawer to keep [redacted] checkbooks. When informed of the check found in staff A's apron, the resident checked [redacted] belongings and reported 5 checks missing from [redacted] two different accounts. It's not clear what happened to the other 4 checks but no funds were withdrawn from the accounts.

Repeat Violation: 08/07/2025

Plan of Correction ***Directed ([redacted] - 04/14/2026)***

On [redacted] Executive Director (ED) immediately placed call to resident #1 and resident #1's POA. ED then placed a call to Abington Police Department where they dispatched Officer [redacted] to the community.
On [redacted] ED checked to ensure that resident had a way to secure [redacted] belongings in [redacted] room. Resident had a locked cabinet and drawer. ED offered resident #1 and resident #1's POA a lock box and POA stated [redacted] was going to bring one in.
Starting on [redacted] ED and Personal Care Coordinator (PCC) confirmed that all resident rooms had a locked drawer or cabinet to secure belongings.
On [redacted] 6 residents/families were notified of incident and reminded to use the locking mechanisms in their rooms for safe guarding.
On 3/26/2026 all staff (includes all departments: Administration, Activities, Care, Dietary, Housekeeping, Maintenance, Sales, Security, Transportation and Wellness) were educated by ED on a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
Starting on 3/26/2026 and for the next 4 weeks, ED to interview 3 residents weekly to educate and ensure compliance with regulation 42b.
On 4/30/2026 ED will review at monthly town hall meetings for the next two months that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Proposed Overall Completion Date: 04/30/2026

Directed Plan of Correction (4/14/26 - [redacted]

42b - Abuse (continued)

In addition to the above plan, within 20 days of the receipt of the acceptable plan of correction, the administrator or designee shall enlist the services of a Department-approved outside training source to train all staff on resident rights, to include financial exploitation. Documentation of training attendance shall be kept.

Directed Completion Date: *05/04/2026*

Implemented ([redacted] - 06/29/2026)

85e - Trash Outside Home

2. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 03/09/2026 around 10:00 AM, the home's outside dumpster was not covered.

Repeated Violation: 1/27/25 et al.

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/9/2026 Executive Director (ED) immediately closed cardboard dumpster lids.
On 3/9/2026 ED ensured that trash dumpster lid was closed.
Starting 3/11/2026 ED performed daily checks on the cardboard and dumpster lids to ensure they were closed. After one week of daily checks ED did weekly checks for three weeks to ensure the dumpster lids were closed.
On 3/26/2026 all staff were educated by the ED to ensure that trash outside the home is kept in covered receptacles to prevent insects and rodents from penetrating.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 03/9/2026 around 09:40 AM, the drain in the bathroom sink in resident room #111 and #302 were not working properly. The faucet at the bathroom sink of resident room #316 was leaking. The smoke alarm on the ceiling of resident room #302 was not tightly secured and was hanging loose.

95 Furniture and Equipment *(continued)*

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/9/2026 the Director of Environmental Services (DES) immediately unclogged the sinks in rooms #111 and #302, repaired faucet leaking in room #316 and secured the smoke detector in room #302.
Starting on 3/11/2026 DES and Maintenance Assistant (MA) performed room audits to ensure in compliance with regulation 95 specifically that all sinks are unclogged, faucets not leaking and smoke detectors are secured.
Starting on 3/11/2026 and for the next two months DES and MA to audit rooms monthly to ensure compliance with regulation 95 specifically that all sinks are unclogged, faucets are not leaking and smoke detectors are secured.
On 3/26/2026 all staff were educated by Executive Director (ED) to ensure they notify the maintenance team via TELS system of any furniture and equipment not in good repair, clean or free from hazards.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 03/09/2026 around 10:00 AM, the resident in room #316 did not have access to a source of light that could be turned on/off at bedside. The lamp was not plugged in.

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/9/2026 Executive Director (ED) immediately plugged lamp back into wall and ensured it was working properly.
On 3/11/2026 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) performed room audits to ensure that each resident room had an operable lamp or other source of lighting that can be turned on at bedside.
On 3/26/2026 all staff were educated by the ED on ensuring that each resident has an operable lamp or source of lighting that can be turned on at bedside.
On 3/11/2026 and weekly for the next 4 weeks PCC and RC to perform monthly checks to ensure that all residents have an operable lamp or other source of lighting that can be turned on at bedside.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent annual medical evaluation dated [redacted] does not have a check mark or any indicator in the box that the physician indicates if the resident's needs can be met safely at the personal care home.

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/10/2026 Resident Care Director (RCD) was able to obtain a corrected medical evaluation for resident #2 with the check mark indicating that the physician indicates if the resident's needs can be met safely at the personal care home.
Starting on 3/10/2026 RCD performed an audit on all medical evaluations to ensure compliance with regulation 141b1 specifically that the check mark indicates that the physician indicates if the resident's needs can be met safely at the personal care home.
On 3/10/2026 RCD and Wellness Nurse (WN) were educated by Executive Director (ED) on regulation 141b1 specifically ensuring the check mark indicating that the physician indicates if the resident's needs can be met safely at the personal care home.
Starting on 3/10/2026 and for the next four weeks, RCD and WN to ensure that all medical evaluations have the check mark indicating that the physician indicates if the resident's needs can be met safely at the personal care home.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)

183b - Meds and Syringes Locked

6. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 03/09/2026 at 10:00 AM, the medication cart in the home's Secured Dementia Care Unit (SDCU) was unlocked, unattended, and accessible in front of resident room #302.

In unlocked resident room #325, over-the-counter medications, including Systane Lubricant eye drops and refresh Optive mega-3, were observed on the table.
Remedy clinical zinc oxide paste (skin protectant) was observed on the bedside table of resident room #111. "Zinc ointment" was observed on the table in resident room #104.

183b - Meds and Syringes Locked *(continued)*

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/9/2026 Executive Director (ED) immediately locked the medication cart in the home's Secured Dementia Care Unit (SDCU) that was unlocked, unattended, and accessible in front of resident room #302. In unlocked resident room #325, over-the-counter medications, including Systane Lubricant eye drops and refreshOptive mega-3, were observed on the table and ED immediately took these out of the resident's room and gave to the Resident Care Director (RCD). ED immediately secured Remedy clinical zinc oxide paste (skin protectant) in resident room #111 and resident room #104 in locked drawer/cabinet.
On 3/9/2026 Resident Care Director (RCD) ensured all medication carts were secured and locked.
Starting on 3/10/2026 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) performed an audit of all resident rooms to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.
On 3/10/2026 all Medication Care Managers and Wellness Nurses were educated by RCD to ensure that all medications carts are secured and locked when unsupervised.
On 3/26/2026 all staff were educated by the ED that all prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is
locked. This includes medications and syringes kept in the resident's room.
Starting on 3/10/26 RCD performed daily medication cart checks on all three shifts for one week and then weekly for three weeks to ensure medication carts were secured and locked.
Starting on 3/10/2026 Personal Care Coordinator (PCC) and Reminiscence Coordinator (RC) to perform weekly audits of all resident rooms to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.
The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)

185a - Implement Storage Procedures

7. Requirements

2600.
185.a. The home 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 #3 is prescribed Ondansetron 4 mg as needed. Resident #4 is prescribed Acetaminophen 325mg as needed. On 03/10/2026, these medications were not available in the home.

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

On 3/10/2026 Resident Care Director (RCD) immediately obtained Resident #3 prescribed Ondansetron 4 mg as needed and resident #4 prescribed Acetaminophen 325mg as needed from the pharmacy and arrived at the community at pm.
Starting on 3/10/2026 RCD performed medication cart audits on as needed medication to ensure they are all accessible and secure to ensure we remain in compliance with regulation 185a specific to PRN medications.
On 3/10/2026 Executive Director (ED) educated staff on ensuring the home develops and implements procedures

185a - Implement Storage Procedures (continued)

for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Starting on 3/10/2026 RCD to perform weekly audits for four weeks on all as needed medications to ensure they are all accessible and secure.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) Q1 on 4/14/2026 and Q2 meetings to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Implemented ([redacted] - 06/29/2026)