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

July 24, 2026

[redacted], VICE PRESIDENT OF OPERATIONS
SBLP UPPER DUBLIN OPCO LLC
[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 06/15/2026, 06/16/2026 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: *THE 501 AT MATTISON ESTATE* **License #**: *14926* **License Expiration**: *10/13/2026*

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**: *Upper Dublin Township*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *146* **Waking Staff**: *110*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/16/2026*

Inspection Dates and Department Representative

06/15/2026 - On-Site: [redacted]

06/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* **Residents Served**: *100*

Special Care Unit

In Residence: *Yes* **Area**: *3rd Floor* **Capacity**: *42* **Residents Served**: *31*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *99*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *46* **Have Physical Disability**: *0*

Inspections / Reviews

06/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/12/2026*

Inspections / Reviews *(continued)*

07/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/25/2026*

07/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 Record confidentiality

1. Requirements

2800.
17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/15/26, at 10:30 am, a list of resident's names who were enrolled in an Incontinent and Personal Care Program was posted on the paper towel dispenser in an unlocked laundry room on the 1st floor.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Confidential records that were found accessible in an unlocked laundry room were immediately removed and secured to prevent unauthorized access.
On June 17, 2026, Wellness associates at The 501 were re-educated by the Health & Wellness Director on resident confidentiality requirements and proper record access procedures in accordance with Pennsylvania Assisted Living Regulation 2800.17.
Effective June 17, 2026, the Health & Wellness Director or designee will conduct Weekly audits of all common areas and laundry rooms for a period of four weeks to ensure that no confidential resident records are left unsecured. Audit findings will be documented, and any identified concerns will be addressed immediately to maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)

44g Telephone numbers

2. Requirements

2800.
44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On 6/15/26 the telephone number of the local Ombudsman posted on multiple walls throughout the facility is incorrect.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

The facility was unaware that the contact information for the local Ombudsman had changed. Upon identification of the deficiency on 6/15/26, the incorrect Ombudsman telephone numbers were immediately removed and replaced with the current, accurate contact information on all required postings throughout the community.
The Assisted Living Manager (ALM) has been educated on the requirement to maintain current Ombudsman information and will be responsible for ensuring ongoing compliance by verifying that the correct Ombudsman information remains posted throughout the community.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)

88a Floors, walls, ceilings, windows, doors

3. Requirements

2800.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/15/26, at 10:00 am, there was water damage that caused bubbled, peeling paint and a long slit in the paint on the ceiling of the kitchen area in room 201.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

The ceiling leak was caused by heavy rainfall that occurred overnight. The Maintenance Department was aware of the leak and responded immediately by opening the affected section of the ceiling in the kitchen area, repairing the source of the leak on 6/15/26, and allowing the area to dry. The drywall was then patched, finished, and repainted on 6/16/26.
On 6/15/26, the Maintenance Director or designee conducted an audit of all resident apartments to ensure there were no additional leaks in any of the apartments.
The Maintenance Director, or designer, will be responsible for ongoing monitoring and routine inspections weekly for four weeks starting 6/22/26 to ensure continued compliance and prompt identification and repair of any future leaks.
Maintenance Director or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)

103g Storing food

4. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/15/26, at 9:50 am, in the kitchen freezer located on the 3rd floor, there were unlabeled, unsealed bags of sausage links and cookie dough.

On 6/15/26, at 10:00 am, in the kitchenette freezer located on the 2nd floor, there were unlabeled, undated, unsealed bags of sausages.

On 6/15/26, at 10:15 am, in the refrigerator located on the 1st floor, there was a bin of unsealed, undated, and unlabeled raw chicken.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

All food items that were found in the freezer and refrigerator on 6/15/26 not labeled or did not have a clearly marked use-by date were immediately disposed of.
On June 17, 2026, Executive Chef and all cooks were re-educated by the Food and Beverage Director on the requirement that all food items be clearly labeled with a preparation/open date and a use-by date in accordance with food safety standards.
Beginning June 17, 2026, the Food and Beverage Director or designee will conduct daily audits of all refrigerators

103g Storing food (continued)

and freezers on each floor for one month, and then, audits will be conducted weekly for an additional four (4) weeks. The Food and Beverage Director will be responsible for monitoring ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented (- 07/24/2026)

103i Outdated food

5. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/15/26, at 10:15 am, in the refrigerator located in the 1st floor kitchen, there was a tray of unlabeled meatloaf from 6/12/26.

On 6/15/26, at 9:50 am, in the refrigerator located on the 3rd floor kitchenette, there were unlabeled, undated bags of spinach that appeared spoiled.

Plan of Correction ***Accept (- 07/22/2026)***

All unlabeled food items that were found in the refrigerator and kitchenette on 6/15/26 were immediately discarded.
On 6/15/26 All refrigerators and freezers on each floor were audited to ensure that all stored food items were properly labeled, dated and free from spoilage.
On June 17, 2026, the Executive Chef and all cooks were re-educated by the Food and Beverage Director on the requirement that all food items be clearly labeled with a preparation/open date and a use-by date in accordance with food safety standards.
Beginning June 17, 2026, Food and Beverage Director or designee will conduct daily audits of all refrigerators and freezers on each floor for one month, and then audits will be conducted weekly for an additional four (4) weeks making sure food is properly labelled, dated and not spoiled.
Food and Beverage Director or designee will be responsible for monitoring ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented (- 07/24/2026)

181d Self-administer Storing medication

6. Requirements

2800.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

181d Self-administer Storing medication *(continued)*

Description of Violation

Resident 1 self administers medications. Resident 1 indicated that they do not lock their doors when leaving their room. Resident 1's medications are not stored in a locked container or behind a locked door, making them accessible to others.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Resident 1's medications were immediately secured in a lockable medication storage container located within the resident's apartment. The resident was reeducated on the requirement that all self-administered medications must be always stored in a locked container or behind a locked door to prevent unauthorized access, contamination, spillage, and theft.
On 6/17/26, Health & Wellness Director reeducated nurses and medtechs on the requirements 2800.181(d) regarding the safe storage of medications for residents who self-administer medications. All residents approved to self-administer their medications were audited on 6/17/26 to ensure medications are stored in a lockable storage unit or behind a locked door.
Beginning 6/22/2026, the Health & Wellness Director or designee will conduct weekly audits of all residents authorized to self-administer medications for four (4) weeks to ensure medications are stored in a safe and secure manner in accordance with regulatory requirements. Following the initial four-week audit period, these audits will be incorporated into the monthly self-medication audit process to ensure ongoing compliance.
The Health & Wellness Director or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)

187a Medication record

7. Requirements

2800.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 2 is prescribed Levothyroxine 75MCG Tab take one tablet by mouth every morning before meal. Their

187a Medication record (continued)

6/2026 Medication Administration Record does not indicate the instructions to take "before meal".

Resident 2 is prescribed Pantroprazole 40MG Take 1 tablet by mouth every morning before meal. Their 6/2026 Medication Administration Record does not indicate the instructions to take "before meal".

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

The Medication Administration Record (MAR) for Resident 2 was immediately reviewed and corrected to include the complete physician-ordered administration instructions for both Levothyroxine 75 mcg and Pantoprazole 40 mg, including the direction to administer each medication before meals.
On 6/26/26, all licensed nurses and medication technicians were re-educated by the Health & Wellness Director on the requirement that medication records accurately reflect all physician orders, including special administration instructions such as "before meals," "with food," or any other specific precautions, in accordance with 2800.187(a).
An audit of all current Medication Administration Records (MARs) was completed on 6/24/26 to ensure that all medication orders include the complete physician-prescribed directions and special instructions. Any discrepancies identified were corrected immediately.
Beginning June 29, 2026, the Director of Health & Wellness or designee will conduct weekly audits of the Medication Administration Records (MARs) for ten (10) residents for four (4) weeks. Following the completion of the weekly audits, monthly audits will be conducted for an additional three (3) months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)

187d Follow prescriber's orders

8. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed Vitamin B12 1000 mg, take one tablet two times a day by mouth. However, resident's June 2026 medication administration record shows that resident has only received supplement once daily at 8:00 am from 6/1/2026 through 6/16/2026.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Resident 1's physician's order and medication administration record (MAR) were immediately reviewed. A change of change of direction was placed on the medication bottle to accurately reflect the prescribed order for Vitamin B12 1,000 mcg by mouth once a daily.
An audit of all current physician orders on MARs corresponding with pharmacy lables was completed on 6/24/26 to ensure medication orders accurately match prescriber directions on the bottle and that medications are administered as prescribed.
On 6/26/26, all licensed nurses and medication technicians were re-educated by the Director of Health & Wellness on the requirements of 2800.187(d), including the importance of verifying physician orders, accurately transcribing medication orders to the MAR, and administering medications exactly as prescribed.
Beginning 6/29/26, Director of Health & Wellness or designee will audit five (10) resident medication records and MARs weekly for four (4) weeks, then monthly for three months thereafter, to ensure physician orders are

187d Follow prescriber's orders (continued)

accurately transcribed and medications are administered in accordance with prescriber directions. Director of Health & Wellness of Designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/24/2026)