

Department of Human Services  
Bureau of Human Service Licensing

October 15, 2021

[REDACTED]  
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 licensing inspections on 08/03/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SUNRISE OF ABINGTON* License #: *14488* License Expiration Date: *01/01/2022*  
Address: *1841 SUSQUEHANNA ROAD, ABINGTON, PA 19001*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2155768899* Email: [REDACTED]

**Legal Entity**

Name: *SZR ABINGTON AL OPCO LLC*  
Address: *500 N HURSTBOURNE PKWY, STE 200, LOUISVILLE, KY, 40222*  
Phone: *2155768899* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *08/03/2021* Issued By: *n/m*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *08/03/2021*

**Inspection Dates and Department Representative**

08/03/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *110* Residents Served: *74*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *29* Residents Served: *18*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *54* Have Physical Disability: *3*

**Inspections / Reviews**

**08/03/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2021*

Inspections / Reviews *(continued)*

10/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/15/2021*

**25b - Contract Signatures****1. Requirements**

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract, dated [REDACTED], for resident 1 was not signed by the administrator or designee.*

**Plan of Correction****Accept**

*8/2/2021- Resident #1 moved in on [REDACTED] and was moved out [REDACTED].*

*8/12/2021 The Director of Operations and Executive Director (ED) reviewed the requirement to assign a designee when the Executive Director is on leave and out of the community.*

*8/12/2021 The ED reviewed with the Directors of Sales (DOS) the procedure to review the contract for completeness within 24 hours of a resident's admission.*

*8/12/2021 The ED has identified a designee that will complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature when the ED is on leave and out of the community.*

*8/12/2021 Prior to or within 24 hours of a resident moving into the community the ED reviews and explains the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.*

*8/12/2021 Within 24 hours after a resident's admission, the DOS reviews the contract for completeness.*

*9/30/2021 and ongoing for 3 months- 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 PC and training will be implemented and monitored to ensure the violation does not occur again.*

**Completion Date:** 09/17/2021

**57c - 2 Hours/Day****1. Requirements**

2600.

- 57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**Description of Violation**

*On 7/31/21, there were 74 residents in the home, including 54 residents with mobility needs, requiring a total minimum of 128 hours of direct care service. On this date, only 113.32 hours of direct care staffing was provided.*

## 57c - 2 Hours/Day (continued)

**Plan of Correction****Accept**

8/2/2021 The ED and Care Coordinators reviewed the schedule to verify that at least 2 hours per day of personal care services are scheduled and provided to each resident who has mobility needs.

8/2/2021 The team will review the mobility needs of the residents daily to ensure the community is meeting staffing requirements.

8/2/2021 Labor/Scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED work together to verify proper staffing levels of each neighborhood and verify that at least 2 hours per day of personal care services are scheduled and provided to each resident who has mobility needs.

9/30/2021 and ongoing for next three months- 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.

**Completion Date:** 09/17/2021

## 57d - Waking Hours

**1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

On 7/31/21, a total of 96 hours of direct care was required during waking hours. However, only 84.99 of the required hours were provided during waking hours.

**Plan of Correction****Accept**

8/2/2021 The ED and care coordinators reviewed the schedule to verify that at least 75% of the personal care service hours are scheduled and provided during waking hours.

8/2/2021 The team will review the mobility needs of the residents daily to ensure the community is meeting staffing requirements.

8/2/2021 Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED working together to verify proper staffing levels for each neighborhood and verify that at least 75% of the personal care service hours are scheduled and provided during waking hours.

9/30/2021 and ongoing for the next three months- During the monthly QAPI meeting the ED and care 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.

**Completion Date:** 09/17/2021

## 60b - Additional Staffing

## 1. Requirements

2600.

- 60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

## Description of Violation

*On 7/31/21 at approximately 11:13 am, Resident 1 and Resident 2 engaged in an altercation which resulted in an injury to Resident 1. During the morning shift, only two staff were scheduled to assist 18 SDCU residents.*

*Resident 1 was admitted to the home's SDCU on [REDACTED]. The home's progress notes describe that, upon admission, the resident was very confused and required assistance at all times. Resident 1's RASP states that the resident's need for supervision is extensive.*

*On 7/31/21 at 8:00 am, Resident 1 was in the hallway screaming, appeared aggressive, and did not want to be touched by staff. At approximately 10:00am, the resident was refusing personal care and refusing breakfast.*

*On 7/31/21 at approx. 11:13 am, Resident 1 was walking in the hallway, and provoked an altercation with Resident 2. At the time of the altercation, Staff A was preparing lunch for the residents. Staff B was assisting another resident.*

## Plan of Correction

Accept

*8/2/201 Resident #1 moved in on [REDACTED] and move out on [REDACTED]*

*8/2/2021 The ED and care coordinators reviewed the schedule to verify number of hours needed for each neighborhood based on census, acuity, the resident's assessment, and support plan and identified needs.*

*8/2/2021 The team will review the mobility needs of the residents daily to ensure the community is meeting staffing requirements.*

*8/2/2021 Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED working together to verify proper staffing levels for each neighborhood.*

*9/3/2021 and ongoing for the next three months- 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.*

**Completion Date:** 09/17/2021

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

## Description of Violation

*Resident 1 is prescribed Zyprexa 2.5 mg, Colace, and Melatonin 1mg, . On 7/30/21 and 7/31/21, these medications were not administered to resident 1 because they were not available in the home.*

## 187d - Follow Prescriber's Orders (continued)

## Plan of Correction

Accept

7/31/2021 The prescribed medications Zyprexa 2.5 mg, Colace, and Melatonin 1 mg for Resident #1 were ordered on 7/30/2021 and delivered on 7/31/2021.

8/2/2021 The Resident Care Director (RCD) reviewed the MAR and medication cart, and the medication was available in the cart. The RCD interviewed the Medication Care Manager (MCM) administering medications and found that the resident refused the medication and MCM documented the refusal incorrectly, reflecting the medication was not available, however, it was available.

8/2/2021 The RCD and designee conducted a review of medication administration records for proper documentation of resident refusals and unavailable medications.

8/2/2021 The RCD and designee provided training to MCM's on proper documentation of resident refusals and unavailable medications.

8/2/2021 The RCD or designee review the electronic MAR dashboard to verify refusals of medications and medications pending delivery is documented correctly.

9/30/2021 and ongoing for three months- During the monthly QAPI meeting the ED and coordinators will review audit to determine if the POC 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.

Completion Date: 09/17/2021

## 231c - Preadmission Screening

## 1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

## Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident 1's written cognitive preadmission screening was completed on [REDACTED].

## 231c - Preadmission Screening (continued)

## Plan of Correction

Accept

8/2/2021 Resident #1 moved in on [REDACTED] 1 and was moved out on [REDACTED]

8/3/2021 The RCD conducted a review of all written cognitive preadmission screenings for all residents in the SDCU.

8/3/2021 The RCD conducted training of nursing team to ensure timely completion of cognitive preadmission screening.

8/3/2021 At the weekly interdisciplinary meeting, the team will review to ensure all new residents have a completed cognitive preadmission screening prior to 72 hours of move in.

9/30/2021 and ongoing for 3 months- 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.

Completion Date: 09/17/2021

## 234b - Support Plan Needs Elements

## 1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

## Description of Violation

Resident 1's recent support plan, dated [REDACTED], does not address social topic which include hobbies and interest, residents daily routine activities. Resident information is incomplete as the informal support and formal support information are not present. The support plan does not specify how the staff are to address the resident's behaviors of anxiety, disorientation, agitation, and confusion.



## 234b - Support Plan Needs Elements (continued)

## Plan of Correction

Accept

8/2/2021 Resident #1 moved in on [REDACTED] and moved out on [REDACTED] 1.

8/14/2021 The ED reviewed with the coordinator team support plan content requirements, addressing the resident's physical, medical, social, cognitive and safety needs.

9/30/2021 A review of all resident support plans will be conducted to verify they are completed entirely and address the resident's physical, medical, social, cognitive, and safety needs.

8/14/2021 Upon move-in, change of condition and semi-annually and annually when a support plan is developed the coordinator verifies they are completed entirely and address the resident's physical, medical, social, cognitive and safety needs.

9/30/2021 At the weekly interdisciplinary meeting, the team will review to ensure all new residents have a completed support plan.

9/30/2021 and ongoing for three months- During the monthly QAPI meeting the ED and coordinators will review audit to determine if the POC 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.

Completion Date: 09/17/2021