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

April 7, 2025

[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 01/27/2025, 01/28/2025 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**: *01/01/2026*

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**: *12/07/2000* **Issued By**: *Abington Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *115* **Waking Staff**: *86*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *01/28/2025*

Inspection Dates and Department Representative

01/27/2025 - On-Site: [redacted]

01/28/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served**: *72*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *28* **Residents Served**: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *72*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *43* **Have Physical Disability**: *0*

Inspections / Reviews

01/27/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/02/2025*

03/04/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/03/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/09/2025*

Inspections / Reviews *(continued)*

03/25/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/03/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/04/2025*

04/07/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/03/2025*

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

85e - Trash Outside Home

1. 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

At 9:50am on 1-27-25, the exterior trash was uncovered, overflowing, outside of the dumpsters of the exterior area of the home.

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 1/27/2025 trash was immediately placed inside dumpster.
On 1/30/2025 all team members were educated by the Executive Director (ED) on ensuring that all trash is placed inside of the dumpster.
On 1/28/2025 and ongoing Director of Environmental Services (DES) or Maintenance Assistant (MA) will check trash daily to ensure that all trash is placed inside of dumpster.
POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one on 4/3/2025 and quarter two 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: *04/03/2025*

Implemented ([redacted] - 04/07/2025)

86b - Bathroom

2. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in the following rooms: # 116, #305, and #320 do not have an operable window or ventilation fan. The vent is inoperable and there is no ventilation in the bathrooms

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 1/28/25 the Director of Environmental Services (DES) identified issue with fan on the roof and called for HVAC service.
On 2/3/2025 all rooms were audited by the Director of Environmental Services (DES) and Executive Director (ED) to ensure they had proper ventilation.
Fan is projected to be repaired the week of 3/3/2025 by HVAC company.
On 1/29/2025 Director of Environmental Services (DES) and Maintenance Assistants (MA) were educated by the Executive Director (ED) on ensure all resident areas have working ventilation.
On 2/3/2025 and monthly, Director of Environmental Services (DES) and Maintenance Assistants (MA) will conduct monthly ventilation tests for the next 2 months and then resume quarterly audits.

86b - Bathroom (continued)

POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one on 4/3/2025 and quarter two 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: *04/03/2025*

Implemented ([redacted] - 04/07/2025)

89a - Water Pressure

3. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 1-28-25 at 11:19am, the home did not have sufficient water pressure in room #119 to accommodate the needs of the resident.

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 2/3/2025 water saving aerator has been replaced with standard flow aerator in room #119.
On 2/3/2025 an audit of all rooms was conducted by the Director of Environmental Services (DES) and Executive Director (ED) to ensure hot and cold water under pressure to accommodate the needs of the residents in the home and were replaced with standard flow aerator if low.
On 2/3/2025 and for the next 2 quarters the Director of Environmental Services (DES) or Maintenance Assistant (MA) to conduct quarterly water pressure checks in the home to accommodate the needs of the residents.
POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one on 4/3/2025 and quarter two 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: *04/03/2025*

Implemented ([redacted] - 04/07/2025)

100b - Removal Snow/Obstructions

4. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1-27-25 at 9:44am, there was an approximate 1 inch accumulation of snow located on the patio of the memory care outdoor recreation area.

100b - Removal Snow/Obstructions *(continued)*

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 1/27/2025 snow was immediately removed from secured dementia unit patio.
On 1/27/2025 Director of Environmental Services (DES) conducted an exterior walk through of community to ensure all outside walkways, ramps, steps, reactional areas and exterior fire escapes are cleared of ice, snow and obstructions.
On 1/30/2025 all team members were educated by the Executive Director (ED) on ensuring that all outside walkways, ramps, steps, reactional areas and exterior fire escapes are cleared of ice, snow and obstructions.
Director of Environmental Services (DES) and/or Maintenance Assistant (MA) will conduct a weekly exterior walk through of community starting on 1/27/2025 and ending 3/31/2025 to ensure all outside walkways, ramps, steps, reactional areas and exterior fire escapes are cleared of ice, snow and obstructions after snowfall has finished.
POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one on 4/3/2025 and quarter two 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: *04/03/2025*

Implemented ([redacted] - 04/07/2025)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 1-28-25 at 11:41am the temperature in the outside main refrigerator door was 49 degrees Fahrenheit and at 2:19pm it was 44 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 1/28/2025 the Dining Service Director (DSD) called for maintenance on main walk in refrigerator.
On 1/30/2025 JMS Total Service placed a new gasket on main walk in refrigerator door and checked to ensure holding at 40 degrees F and below.
On 1/30/2025 all refrigerators were checked by the Dining Service Director (DSD) to ensure they are holding 40 degrees F and below.
On 1/28/2025 all dietary team members were educated by the Dining Service Director (DSD) on ensuring that refrigerator temperature is below 40 degrees F and freezer temperature is below 0 degrees F.
On 1/30/2025 and for the next 2 months the main walk in refrigerator and freezer will be checked daily by the Dining Service Director (DSD) or Cook on duty to ensure temperature readings are below 40 degrees F for refrigeration and below 0 degrees F for freezer.
POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one 4/3/2025 and quarter two to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and

103f - Refrigerator/Freezer Temps (continued)

monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: *04/03/2025*

Implemented ([redacted] - 04/07/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed an Insulin Aspart Subcutaneous Solution Pen-Injector 100 units two times a day on a sliding scale. The parameters are as follows:
250- 300 = 3 units
301-350 = 4 units
301-400 = 5 units
Call MD if blood sugar less than 60 and greater than 400.

On 1-20-25 at 4:00pm, the home obtained a blood glucose reading for resident #2. The glucometer reading displayed "HI."

The manufacturer's instructions describe "If your blood glucose is above 600mg/dL, you will receive a 'Hi.' Repeat the test with a new test trip. If this message shows again, contact your healthcare professional immediately!"

The home did not notify the prescriber of this reading. The glucometer does not show any additional readings for the remainder of the day. The home documented a reading of 197 and did not administer the medication.

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

On 1/28/2025 Resident Care Director (RCD) reviewed all orders of residents who are insulin dependent diabetics to ensure glucometers calibrated appropriately.
On 1/28/2025, Glucometers throughout community were inspected by the Resident Care Director (RCD) to ensure calibration is correct to date and time and at optimal functionality. Glucose control testing was conducted on all glucometers to ensure optimal functionality.
On 2/4/2025 RCD re-trained all medication care managers/nurses regarding hyperglycemia protocols related to glucometers and notification to MD and Resident Care Director (RCD). Staff were re-educated on importance of conducting control testing on glucometers when they are re-calibrated or when new container of test strips are opened. Medication care managers/nurses were reeducated that if glucometer reading "hi", recheck in 10 minutes to ensure accuracy. two "hi" readings, notify MD and Resident Care Director (RCD).
On 1/31/2025 orders were obtained by Resident Care Director (RCD) and additional instructions were placed for

187d - Follow Prescriber's Orders (continued)

all insulin dependent diabetics to indicate: if glucometer reading "hi", recheck in 10 minutes to ensure accuracy. two "hi" readings, notify MD and Resident Care Director (RCD).
Resident Care Director (RCD) implemented weekly glucometer checks starting on 2/3/2025 and for the next 3 months to ensure optimal functionality, correct calibration to date and time.
POC and monitoring results are reviewed and evaluated by the ED and coordinators at the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting for quarter one 4/3/2025 and quarter two 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: *04/03/2025*

Implemented ([redacted] - 04/07/2025)