

Emailing date: October 17, 2022

[REDACTED]
SBLP Upper Dublin Opco, LLC
[REDACTED]
[REDACTED]

RE: The 501 at Mattison Estate
501 Mattison Avenue
Ambler, Pennsylvania 19002
License #: 149260

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 12, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2800.

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *The 501 at Mattison Estate* License #: 14926 License Expiration:
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: *05/09/2022* Issued By: *Township of Upper Dublin*
Type: *I-2* Date: *05/09/2022* Issued By: *Township of Upper Dublin*

Staffing Hours

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

Inspection Information

Type: *Initial* Notice: *Unannounced* BHA Docket #:
Reason: *New* Exit Conference Date: *09/12/2022*

Inspection Dates and Department Representative

09/12/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *0*

Special Care Unit

In Home: *Yes* Area: *3rd floor* Capacity: *42* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

09/12/2022 - Initial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2022*

Inspections / Reviews (*continued*)

09/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2022*

09/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

10/06/2022 - Document Submission

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

100a Exterior – free of hazards

1. Requirements

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The courtyard in the Secured Dementia Care Unit consists of artificial turf. On 5/12/22, one section of the turn was not secured to the ground, causing ripples and posing a tripping hazard.

Plan of Correction

Accept

The artificial turf on our west courtyard will be removed on or before Friday, October 14th and replaced by pavers which no longer poses a trip hazard. The west courtyard is currently closed, and the door is secured so residents cannot enter the area.

The Maintenance Director will be responsible for making sure that the building and grounds are in good repair. All hazards will be reported to the Community Administrator and repaired.

Completion Date: 10/14/2022

Document Submission

Implemented

The artificial turf on our west courtyard has been removed and replaced with pavers. See Exhibit G which shows the completed terrace. The Maintenance Director will be responsible for making sure that the building and grounds are in good repair. All hazards will be reported to the Community Administrator and repaired.

123d Mobility need – FS area

1. Requirements

2800.

123.d. If the residence serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Description of Violation

The home has a memory care unit with a capacity for 42 residents with mobility needs located on the 3rd floor. That level of the residence does not have a fire safe area specified in writing within the past year by a fire safety expert.

Plan of Correction

Accept

The Fire Safety Expert, [REDACTED] completed [REDACTED] review of community on Friday, September 23, 2022. [REDACTED] presented community with documentation of location of all fire safe areas in building which included the 3rd floor memory care. The Administrator will arrange for a fire drill and safety inspection to be completed on an annual basis and documentation will be kept at the community. See Exhibits A, B, C, and D.

Completion Date: 09/27/2022

Document Submission

Implemented

The Administrator will arrange for a fire drill and safety inspection to be completed on an annual basis and documentation will be kept at the community. See Exhibits A, B, C, and D.

131f Fire extinguisher inspection

1. Requirements

2800.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f Fire extinguisher inspection (continued)**Description of Violation**

The fire extinguishers on the first, second and third floors located throughout the residence have not been inspected by a fire safety expert.

Plan of Correction**Accept**

All fire extinguishers in building have been inspected by Wolf Fire Protection, Inc on Thursday, September 22, 2022. The Maintenance Director will assure that all extinguishers are inspected annually and documented by fire safety expert. See Exhibit E.

Completion Date: 09/27/2022

Document Submission**Implemented**

The Maintenance Director will assure that all extinguishers are inspected annually and documented by fire safety expert. See Exhibit E.

132b Safety inspection/fire drill**1. 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 has not had a written maximum evacuation time or fire safe areas determined by a fire safety expert's inspection.

Plan of Correction**Accept**

The Fire Safety Expert, [REDACTED] completed [REDACTED] review of community and also performed a fire drill on Friday, September 23, 2022. [REDACTED] presented community with documentation and location of all fire safe areas in building which included the 3rd floor memory care. The Administrator will arrange for a fire drill and safety inspection to be completed on an annual basis and documentation will be kept at the community. See Exhibits A and F.

Completion Date: 09/27/2022

Document Submission**Implemented**

The Administrator will arrange for a fire drill and safety inspection to be completed on an annual basis and documentation will be kept at the community. See Exhibits A and F.