

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

July 1, 2025

[REDACTED], COO
SBLP UPPER DUBLIN OPCO LLC
[REDACTED]
[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 05/12/2025, 05/13/2025 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: *THE 501 AT MATTISON ESTATE* License #: *14926* License Expiration: *10/13/2025*
 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: *129* Waking Staff: *97*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/13/2025*

Inspection Dates and Department Representative

05/12/2025 - On-Site: [REDACTED]
 05/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *118* Residents Served: *92*

Special Care Unit
 In Home: *Yes* Area: *3rd Floor* Capacity: *42* Residents Served: *29*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *91*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

05/12/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/06/2025*

Inspections / Reviews (*continued*)

06/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/10/2025

06/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/27/2025

07/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

89b Hot water temperature

1. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/13/25, at 9:30 A.M., the hot water temperature at the sink located at resident living unit 104 measured 132.6 degrees Fahrenheit and at 10:50 A.M. it measured 125.7 degrees Fahrenheit.

On 5/13/25, at 9:40 A.M., the hot water temperature at the sink located at resident living unit 103 measured 126.3 degrees Fahrenheit and at 10:51 A.M. it measured 120.7 degrees Fahrenheit.

On 5/13/25, at 9:50 A.M., the hot water temperature at the sink located at resident living unit 126 measured 135.1 degrees Fahrenheit and at 10:53 A.M. it measured 123.4 degrees Fahrenheit.

Plan of Correction

Accept ([redacted]) - 06/05/2025)

Hot water temperature was adjusted immediately on 5/13/25; hot water temperatures were measured in multiple apartments on different floors and were under 120-degree threshold.

Hot water temperatures audits will be completed on five random apartments for 3x a week for 4 weeks starting 5/19/25 by the Maintenance Director/Designee.

Spot checks of hot water temperature will be completed by the Maintenance Director/designee to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([redacted]) - 07/01/2025)

101j7 Lighting/operable lamp

2. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident # 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([redacted]) - 06/05/2025)

ALM obtained an appropriate lighting source and placed it at the bedside on 5/13/25.

ALM will conduct an audit of all apartments to identify rooms that do not have access to source of light that can be turned on/off beside.

ALM/designee will conduct a Weekly audit, x 4 weeks for compliance beginning 5/26/25.

ALM is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted]) - 07/01/2025)

103e Leftovers

3. Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated pie in the main kitchen freezer.

Plan of Correction

Accept ([redacted]) - 06/06/2025)

The unlabeled, undated pie in the main kitchen freezer was immediately disposed of.

F&B Director, and Dining staff was in serviced by ALM on 5/13/2025 regarding regulation 2800.103.e, Food shall be stored in the closed or sealed container" and labeled/dated.

The F&B Director or designee will be responsible for auditing the kitchen daily x 1 month to ensure that all food is properly sealed, labeled, and dated and stored in closed or sealed containers.

F&B Director or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted]) - 07/01/2025)

132c Fire drill records

4. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 3/28/25 does not include the correct number of residents that evacuated. The residence had 91 residents present in the residence and all residents evacuated. However, the fire drill log indicates that only 28 residents evacuated.

The fire drill log for the drill conducted on 4/7/25 does not include the correct number of residents that evacuated. The residence had 92 residents present in the residence and all residents evacuated. However, the fire drill log indicates that only 26 residents evacuated.

Plan of Correction

Accept ([redacted]) - 06/06/2025)

The Maintenance Director was retrained by the ALM on 5/13/25 regarding the regulation of the total number of residents to be evacuated during a fire drill.

Documentation of fire safety inspection shall be kept in the Survey Preparedness Binder located in the ALMs office.

ALM/designee will ensure this is reviewed in the monthly Quality Management meeting beginning June 2024.

ALM is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted]) - 07/01/2025)

181f Self-administer Record of medication

5. Requirements

2800.

181f Self-administer Record of medication (continued)

181.f. The resident’s record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident # 1 self-administers [redacted] medication. On 5/13/25, Resident # 1’s record did not include a current list of medications. Resident # 1 had the following medications present in [redacted] living unit that was not included on [redacted] medication list:

- 1. Colchicine 0.6mg
- 2. Metamucil 4 in 1 Fiber
- 3. Cortizone Cream
- 4. Antibiotic Ointment
- 5. Systane Lubricant Eye Drops
- 6. Eythromycin 0.5 % Eye Ointment

Resident # 1 also had refresh tears ophthalmic solution 0.5% present on [redacted] medication list but not present in [redacted] living unit.

Plan of Correction

Accept ([redacted] - 06/06/2025)

Nurse on duty immediately reached out to the prescriber and secured the necessary prescription order.
 Resident received education on presenting documentation when a provider prescribes a new medication.
 HWD conducted a monthly audit on all residents who self-administer medication on 5/15/25.
 HWD or designee will continue to do monthly audits on all residents who self-administer medication starting 6/5/25 - 9/5/25.
 HWD or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted] - 07/01/2025)

183e Storing Medications

6. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

Description of Violation

On 5/13/25 Resident # 2’s Tramadol 50 mg had a tear in the blister pack in three places the numbers 3, 4, and 6.

Plan of Correction

Accept ([redacted] - 06/05/2025)

Upon discovering the tear in the blister pack, the tramadol was immediately removed by the Health and Wellness Director (HWD) and destroyed.
 A re-education was completed on 5/27/25 by the HWD with all Nurses and Med Techs to ensure medications are removed and destroyed from a tear blister pack.
 HWD/designee will complete an audit of 100% of residents’ medication in blister packs to ensure there are no tears.
 Beginning 5/19/25 a complete medication cart audit for each blister pack will be completed weekly, x1 month by the HWD or designee to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/19/2025

183e Storing Medications (*continued*)

Implemented ([REDACTED] - 07/01/2025)