pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **AB EAST NORRITON OPERATOR LLC**
LEGAL ENTITY

To operate **BRANDYWINE SENIOR LIVING AT SENIOR SUITES**
NAME OF FACILITY OR AGENCY

Located at **2101 NEW HOPE STREET, EAST NORRITON, PA 19401**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **245** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 50**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 2, 2023** until **May 2, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144250**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: May 2, 2023

[redacted]
AB East Norriton Operator, LLC
[redacted]

RE: Brandywine Senior Living at Senior Suites
2101 New Hope Street
East Norriton, Pennsylvania 19401
License #: 144250

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 22 and 23, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *BRANDYWINE SENIOR LIVING AT SENIOR SUITES* **Licen e #**: *14425* **Licen e Expiration**: *05/02/2023*

Address: *2101 NEW HOPE STREET, EAST NORRITON, PA 19401*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *AB EAST NORRITON OPERATOR LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *08/27/2003* **I ued By**: *CWOPA*

Staffing Hours

Resident Support Staff: *175* **Total Daily Staff**: *299* **Waking Staff**: *224*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *03/23/2023*

Inspection Dates and Department Representative

03/22/2023 On Site [redacted]

03/23/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *245* **Residents Served**: *76*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reflections* **Capacity**: *50* **Residents Served**: *30*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *76*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *48* **Have Physical Disability**: *1*

Inspections / Reviews

03/22/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/13/2023*

Inspections / Reviews *(continued)*

04/07/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/25/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/07/2023*

04/13/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/25/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/07/2023*

04/27/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/25/2023*

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

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 3/23/23 at 9:10 am, staff person A administered medications to resident #1 in the common area in Reflections. There were other residents present at the time.

Plan of Correction ***Accept (█ - 04/07/2023)***

On 03/23/23, staff person A was coached/counseled by the Executive Director in regards to Regulation 2600.42(s). Staff person was directed to bring resident into empty common area or the resident's room when administering medications.

On 04/07/2023 and 04/09/2023, Wellness Director, Assistant Wellness Director and entire nursing team were in-serviced by the Executive Director on a resident's right to privacy when distributing medications in accordance with Regulation 2600.42(s). Entire nursing team to be in-serviced by 04/13/23.

Beginning on 04/20/2023, Wellness Director or Assistant Wellness Director to in-service nursing team on Regulation 2600.42(s) during monthly nursing meetings. Monthly nursing meetings to take place on the third Thursday of each month. Monthly in-service on Regulation 2600.42(s) to continue indefinitely. Wellness Director to keep monthly meeting minutes each month to show what was reviewed with nursing team.

Policy implementation to be reviewed at future Quarterly Quality Improvement meetings in spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *04/13/2023*

Implemented (█ - 04/27/2023)

85e - Trash Outside Home

2. 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

On 3/22/23 at 9:59 am, in the back of the home, there was a large black trash bin that was not covered. There was also a blue trash can not covered.

Plan of Correction ***Accept (█S - 04/07/2023)***

On 03/22/23, a kitchen designee disposed of the trash in the large black trash bin and blue trash bin.

On 03/22/23, the Environmental Services Director removed the blue bin from outside. This bin was being stored for future use inside the community.

On 4/4/23 and 4/5/23, the kitchen staff was in-serviced on Regulation 2600.85(e).

85e - Trash Outside Home (continued)

Beginning on 03/22/23, the Executive Director, Dining Services Director or kitchen designee to verify that all trash cans have lids to prevent the penetration of insects and rodents. Dining Services Director or kitchen designee to use a checkoff sheet to ensure checks are being completed on a weekly basis for 3 months. Weekly checks to begin on 03/22/23 and end on 6/22/23.

Policy implementation to be reviewed at Quarterly Quality Improvement meeting in spring, summer, and fall 2023.

Licensee's Proposed Overall Completion Date: *06/22/2023*

Implemented [redacted] - 04/25/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation dated 11/4/22 did not include body position/movement.

Resident #3's medical evaluation dated 1/17/23 did not include a general physical examination, immunization history, and ability to self-administer medications .

Plan of Correction ***Accept ([redacted] - 04/07/2023)***

On 3/23/23, the Wellness Director updated resident #2's body/position/movement on the DME.

On 3/23/23, the Wellness Director updated resident #3's general physical examination date, immunization history and the ability to self-administer medications.

On 4/7/23 and 4/9/23, the Wellness Director, Assistant Wellness Director, and the entire nursing team were in-serviced on Regulation 2600.141(a) and what the DME evaluation must include. In-service to be completed by 4/13/23.

Beginning on 04/23/23, the Wellness Director will conduct DME audits to ensure the DME includes all of the necessary information in accordance with Regulation 2600.141(a). Audits to continue monthly beginning on 04/23/23 and ending on 6/23/23.

141a 1-10 Medical Evaluation Information (continued)

Policy implementation and violation to be review at future Quarterly Quality Improvement meetings in the spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *06/23/2023*

Implemented [redacted] - 04/25/2023)

162c Menus Posted

4. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 3/22/23, the home's posted menu read "this week's menu". However, there was no menu posted for the following week.

Plan of Correction ***Accept ([redacted] - 04/07/2023)***

On 3/22/23, the Dining Services Director updated the menu board which now shows the current and following week's menu. Dining Services Director or kitchen designee to update menu board each week to remain in accordance with Regulation 2600.162(c).

On 4/4/23 and 4/5/23, the Dining Services Director and entire kitchen staff were in-serviced on Regulation 2600.162(c). In-service completed by 4/5/23.

iolation to be reviewed at Quarterly Quality Improvement meeting in spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented [redacted] - 04/25/2023)

187d Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #4 is prescribed Novolog Flexpen, inject 5 units sub-q at bedtime with snack. On 3/10/23 at 9:00 pm this medication was not administered. The medication administration record says "no pass per vitals", however vitals are not needed for this order.

Repeat Violation: 6/1/22 and 7/15/22

Plan of Correction ***Accept [redacted] - 04/07/2023)***

On 4/7/23 and 4/9/23, Wellness Director in-serviced entire nursing team on Regulation 2600.187(d). Wellness Director reviewed the importance of following the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

On 4/7/23 and 4/9/23, Wellness Director in-serviced staff on how to properly document when resident refuses to have bedtime snack. Prescriber stated that NovoLog injection should be administered at bedtime with snack. If resident refuses snack, she cannot receive the injection.

Beginning on 4/6/23, Wellness Director or wellness designee to complete weekly MAR checks to ensure that medication refusals are being documented correctly. Weekly MAR checks to begin on 4/6/23 and end on 6/6/23.

Policy implementation to be reviewed at future Quarterly Quality Improvement Meetings in spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *06/06/2023*

Implemented [redacted] 04/25/2023)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #5's assessment, dated [redacted], does not include all of the resident's current diagnoses.

Plan of Correction ***Accept ([redacted] 04/07/2023)***

On 3/23/23, the Wellness Director updated the residents RASP to include all current diagnoses.

On 4/7/23 and 4/9/23, Wellness Director in-serviced entire nursing team on Regulation 2600.225(c).

Beginning on 4/23/23, the Wellness Director or wellness designee to complete monthly RASP audits for a total of 3 months. Audits to continue until 6/23/23. Audits will be completed on 4/23/23, 5/23/23 and 6/23/23.

Policy implementation to be reviewed at future Quarterly Quality Improvement meetings in spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *06/23/2023*

Implemented ([redacted] - 04/25/2023)

227d - Support Plan Medical/Dental

9. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental *(continued)*

Description of Violation

The assessment for resident #5, dated [redacted], indicates the resident has a need for eating. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction ***Accept [redacted] - 04/07/2023)***

On 3/23/23, after learning of the violation, the Wellness Director immediately updated resident #5 support plan in reference to the residents need for eating. Wellness Director updated the RASP and documented how the need will be met.

On 4/7/23 and 4/9/23, the Wellness Director in-serviced the entire nursing team on Regulation 2600.227(d).

Beginning on 4/23/23, the Wellness Director or wellness designee will complete monthly RASP audits for a total of three months. Audits to continue until 6/23/23. Audits will be completed on 4/23/23, 5/23/23 and 6/23/23.

Policy implementation to be reviewed at future Quarterly Quality Improvement meetings in the spring, summer and fall 2023.

Licensee's Proposed Overall Completion Date: *06/23/2023*

Implemented [redacted] 04/25/2023)

231b Medical Evaluation

10. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident s diagnosis of Alzheimer s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation completed 3/9/23, does not document the need for the resident to be served in a secured dementia care unit

Plan of Correction ***Accept [redacted] 04/07/2023)***

On 3/23/23, the Wellness Director corrected the medical evaluation completed on 3/9/23 to reflect that the resident s to be serviced in a secure dementia unit.

On 4/7/23 and 4/9/23, the Wellness Director in-serviced the entire nursing team on Regulation 2600.231(b) and the mportance in ensuring all parts of the form are completed and accurate.

Beginning on 4/23/23, the Wellness Director of wellness designee to complete monthly DME audits to ensure that DME's are updated and completed in accordance with 2600.231(b). Audits to continue for a total of 3 months and end on 6/23/23. Audits will be completed on 4/23/23, 5/23/23 and 6/23/23.

Policy implementation to be reviewed at future Quarterly Quality Improvement meetings in the spring, summer and fall 2023.

231b - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *06/23/2023*

Implemented (█ - 04/25/2023)

251b - Record Entries Legible

11. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The date on resident #5's preadmission screening is illegible. The numbers have been written over.

The record that belongs to resident #6 has a medical evaluation and Do Not Resuscitate order that are illegible.

Plan of Correction ***Accept (█ - 04/07/2023)***

On 3/23/23, the Wellness Director updated the pre-admission screening so that the date was clearly legible.

On 3/23/23, the Wellness Director reached out to resident #6's physician to see if we could acquire the original DME and DNR. Unfortunately, both of these copies were illegible and the same documents as we have on file.

On 4/7/23 and 4/9/23, the Wellness Director in-serviced the entire nursing team on Regulation 2600.251(b) in regards to records being legible.

Beginning on 4/23/23, the Wellness Director will complete resident chart audits in order to verify that all documentation is legible. Chart audits to be completed for a total of 3 months. Audits will be completed on 4/23/23, 5/23/23 and 6/23/23.

Licensee's Proposed Overall Completion Date: *06/23/2023*

Implemented (█ 04/25/2023)