



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: FEB 12 2015**

Mr. Stephen M. Gordon  
BH Brightview East Norriton OPCO, LLC  
C/O Harrison Street Real Estate, LLC  
71 S. Wacker Drive, Suite 3575  
Chicago, Illinois 60606

RE: Brightview East Norriton  
300 East Germantown Pike  
East Norriton, Pennsylvania 19401  
License #: 140750

Dear Mr. Gordon:

As a result of the Department of Human Services' licensing inspection on 9/18/14 and 9/24/14 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Adams".

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 14075 - 09/18/2014 - Keppel, Autumn  
 PCH Name: BRIGHTVIEW EAST NORRITON

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/14/14, Staff Member A used the glucometer and supplies of Resident #1. to test the blood sugar level of Resident #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff member A was re-educated by the Health Services Director 9/14/14 on sanitary conditions when using glucometers.

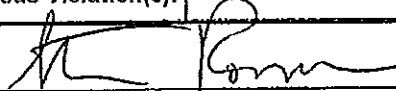
All Medication Technicians were re-educated beginning 9/20/14 on sanitary conditions when using glucometers (see attached training Sign In and meeting Agenda conducted by the Health Services Director).

Individual resident glucometers and supplies will be stored in their individual apartment closet to ensure each resident's glucometer is utilized only for that specific resident. This will be completed no later than December 1, 2014.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

STEVEN ROVNER, EXECUTIVE DIR.

Date

11/19/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12/15/14  
 (Date)

Plan of correction implementation status as of

12/15/14  
 (Date)

The above plan of correction was approved by

  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14076 - 09/18/2014 - Keppel, Autumn  
 PCH Name: BRIGHTVIEW EAST NORRITON

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 9/14/14, Staff Member A did not identify the glucometer to use when testing Resident #2's blood sugar. The staff used Resident #1's glucometer to test Resident #2's blood..

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff member A was re-educated on 9/14/14 by the Health Services Director on Medication Administration and staff member A along with all Medication Technicians attended a refresher course on the medication administration process. Training began 9/20/14 and was conducted by the Health Services Director. See attached Sign In sheet and meeting Agenda.

The Health Services Director or designee will continue with quarterly medication pass observations to ensure proper protocol is maintained with glucometer use.

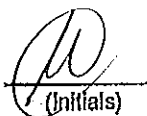
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>STEVEN ROWNER, EXECUTIVE DIR</b>	Date <b>11/19/14</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/15/14</u> (Date)	Plan of correction implementation status as of <u>12/15/14</u> (Date)
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The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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