



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: July 14, 2017

Ms. Marilyn K. Duker
Authorized Signatory
BH Brightview East Norriton OPCO, LLC
300 East Germantown Pike
East Norriton, Pennsylvania 19401

RE: Brightview East Norriton
License # 140750

Dear Ms. Duker:

As a result of the Department of Human Services' licensing inspection on February 23, 2017 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 black ink that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: BRIGHTVIEW EAST NORRITON		License Number: 14075
Address: 300 EAST GERMANTOWN PIKE, EAST NORRITON, PA 19401		County: Montgomery
Administrator: Jenn Allen		Region: SOUTHEAST
Legal Entity Name: BH BRIGHTVIEW EAST NORRITON OPCO LLC		
Legal Entity Address: 300 EAST GERMANTOWN PIKE, EAST NORRITON, PA 19401		
Certificate(s) of Occupancy Other N/A		
Staffing Hours Resident Support: N/A Total Daily Staff: 0 Waking Staff: 0		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2017: Parker, Shawn		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: N/A Number of Residents Served: N/A Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served In Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: N/A Number of Hospice Residents In past year: N/A	Number of Residents who: Receive Supplemental Security Income: N/A Are 60 Years of Age or Older: N/A Have Mental Illness: N/A Have an Intellectual Disability: N/A Have a Mobility Need: N/A Have a Physical Disability: N/A	

Violation Report: 14075 - 02/23/2017 - Parker, Shawn
 PCH Name: BRIGHTVIEW EAST NORRITON

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 noticed a check had been stolen and cashed from [redacted] room in 02-07-17. Homes investigation found perpetrator did not work for home but was an associate of staff member A and staff member B. The home suspended staff A and B, and later would terminate staff member A because they were not forthcoming in dealing with investigation. The resident suffered loss of funds. Monetary or personal loss is part of the regulation.

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.

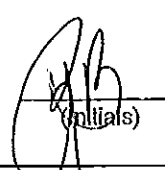
Community will continue to conduct background checks for all new staff persons hired.
 Community will continue to train all new staff persons on Resident Rights and Abuse and annually conduct training for all staff persons on Resident Rights and Abuse.
 Executive Director or designee will continue to report any suspected loss of funds immediately and follow up with an internal investigation.
 Executive Director or designee will continue to implement a plan of supervision or suspend staff persons who may suspects in an investigation.
 Executive Director or designee will continue to terminate staff persons who are not cooperative with investigations.
 Executive Director or designee will conduct Informal interviews with residents regarding their feelings of safety and security in the community every 30 days for a period of 90 days and report results at monthly Safety Committee Meeting.

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) Jennifer Allen, Executive Director	Date 3/21/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/4/17</u> (Date)	Plan of correction implementation status as of <u>4/4/17</u> (Date)
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