



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

April 5, 2019

Ms. Jessica Gonzalez
Executive Director
AB East Norriton Operator, LLC
525 Fellowship Road, Suite 360
Mount Laurel, New Jersey 08054

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

Dear Ms. Gonzalez:

As a result of the Department's Bureau of Human Services Licensing inspection on January 10, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

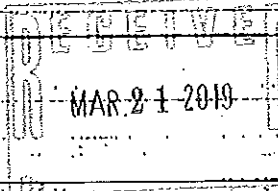
A handwritten signature in cursive script that reads "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES		License Number: 14425
Address: 2101 NEW HOPE STREET, EAST NORRITON, PA 19401		County: Montgomery
Administrator: Jessica Gonzalez		Region: SOUTHEAST
Legal Entity Name: AB EAST NORRITON OPERATOR LLC		
Legal Entity Address: 526 FELLOWSHIP ROAD - SUITE 300, MOUNT LAUREL, NJ 08054		
Certificate(s) of Occupancy C-2 LP 08/27/2003 Commonwealth of PA, L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 146 Waking Staff: 109		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Provisional Monitoring		
On-Site Inspection Dates and Department Representatives On-Site 01/10/2019; Gray, Dean		
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: 246 Number of Residents Served: 99 Secured Dementia Care Unit in Home: Yes Area: Reflections Secured Dementia Unit Capacity, if Applicable: 40 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 99 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 46 Have a Physical Disability: 0	

JMZ

3/21/19

Violation Report: 14425 - 01/10/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
When exiting Stair Tower C, which exits to the back of the facility, a long wire was found hanging from the roof down to, and laying across, the ground. Further, this exit is to be used in an emergency and the evacuation route to the front of the building traverses a long driveway. On 01/10/19 the driveway was in severe disrepair with a large degradation on the left side of the driveway. This part of the driveway was also covered by a large puddle. The remainder of the driveway was uneven and cracked.

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.

The wire has been cut and is no longer a tripping hazard. The large degradation the left side of the driveway area has been filled with rocks to prevent water pooling. The community is gathering quotes to have the driveway repaired.

Please see attached photos Attachment #1

Repeat Violation No: Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessico Gonzalez, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessico Gonzalez* Date *3/21/19*

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

The above plan of correction is approved as of 4/4/19
(Date)

Plan of correction implementation status as of 4/4/19
(Date)

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

The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 14425 - 01/10/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 68 Pa.Code §2600
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The ceiling tiles in the bathroom of apartment #119 are stained yellow. The home has not completed the audit of apartments as outlined in the approved plan of correction dated 11/16/18.

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.

The homes Environmental Services Director has replaced the ceiling tiles in the bathroom of resident room #119. Monthly Audits will be conducted by the Environmental Services Team. Executive Director or Designee will review the completed audit sheets to ensure compliance.

Please see attached audit sheet. Attachment #2

Maintain audits for Department review for a period of three years 4/4/19 *MJ*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2018

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Gonzalez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Gonzalez* Date *3/21/19*

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The above plan of correction is approved as of 4/4/19 (Date)

Plan of correction implementation status as of 4/4/19 (Date)

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- Not Implemented

The above plan of correction was approved by *MJ* (Initials)

Violation Report: 14425 - 01/10/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 68 Pa.Code §2800
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

The shower in apartment #120 does not have slip-resistant strips in the shower, only on the step into the shower. The home has not completed the audit of apartments as outlined in the approved plan of correction dated 11/15/18.

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.

The homes Environmental Services Director has installed additional non slip treads in apartment 120. The EVS has completed an audit of the entire building and has ensured that all tubs have non slip surfaces.

Monthly audits of the apartments will be completed by the EVS to ensure on-going compliance. Executive Director or Designee will review completed audit sheets.

Please see attached audit sheets. Attachment #3

Maintain audits for Department review for a period of three years 4/4/19 *MJ*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2018

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica Gonzalez*

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

Date 3/21/19

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(Date)

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(Date)

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- Not Implemented

The above plan of correction was approved by *MJ*
(Initials)

Violation Report: 14425 - 01/10/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 55 Pa.Code §2800
2600.106(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

The home has a chart in each laundry room to document lint checks are being completed in accordance with approved plan of correction dated 11/16/18. On 01/10/19, the chart in the laundry room between rooms 230 and 209 had not been completed since 01/01/19. The December chart also showed that the chart is not being completed in a consistent manner.

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.

The Environmental Services Director conducted one on one training with the housekeeping department to review the importance and expectations of the Dryer Log sheets as well as the completion of the PA Room Audit tool. Environmental Services Director will continue to monitor checklist for compliance.

Please see the attached staff acknowledgements. Attachment #4

Maintain audits for Department review for a period of three years 4/4/19 *MG*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Gonzalez* E.D.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Gonzalez* Date *3/21/19*

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The above plan of correction was approved by *MG* (Initials)