



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 ADDRESS OF SATELLITE SITE

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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.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

Restrictions: _____

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 31, 2019 until May 31, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144250**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

June 3, 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 annual inspection on April 1 and 2, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 14425 - 04/01/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 03/01/19, an altercation was witnessed by staff member A between resident #1 and resident #2 and was documented in resident #1's file. The note stated the residents "hit one another and were pushing each other". The home did not report the altercation to the local area agency on aging.

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.

On the evening of 3/1/2019, during dinner on the homes Secured Dementia Unit, Resident #1 and Resident #2 got into an altercation, pushing one another. Both residents were separated by staff, the nurse on duty notified the homes Wellness Director as well as both residents responsible parties and physicians. Each resident was evaluated for injury and vitals were obtained on both, and all results were normal. Both residents were put on follow up charting for nine shifts following the incident and no other behaviors were noted. Although the home took the above actions an ACT-13 report was not submitted to the local Area Agency on Aging. The home has directly addressed this with staff member A, and has also provided training between 4/19/2019 and 4/26/19 to the licensed nursing staff who service the home in regards to the reporting procedures. See attachment # 1

Within 45 days of receipt of this POC all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. 4/30/19 *MJ*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

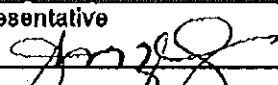

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Gonzalez, ED* **Date** *4/29/19*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/30/19</u> (Date) | Plan of correction implementation status as of <u>4/30/19</u> (Date) |
| The above plan of correction was approved by <i>[Signature]</i> (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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|---|--|
| Violation Report: 14425 - 04/01/2019 - Gray, Dean PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES | |
| 1. REGULATION 55 Pa.Code §2600 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations. | |
| 2a. DESCRIPTION OF VIOLATION The Care Facility Carbon Monoxide Alarms Standards Act dated June 23, 2016 states that a carbon monoxide alarm must be installed in close proximity of, but not less than 15 feet from any fossil fuel burning device or appliance. The home does not have carbon monoxide detectors for the kitchen which uses natural gas for their ovens and stoves. The home does not have carbon monoxide detectors for their clothes dryers which use natural gas. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

The homes Environmental Services Director installed carbon monoxide detectors in both the kitchen and commercial laundry rooms on 4/1/2019. Carbon Monoxide Detectors will be checked monthly to ensure they are functional. Please see the attached photos. Attachment #2

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|--|-----------------------------------|---|---------------------|--|
| 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) <i>Jessica Gonzalez, ED</i> | | | Date <i>4/29/19</i> | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | | |
| The above plan of correction is approved as of <u>4/30/19</u> (Date) | | Plan of correction implementation status as of <u>4/30/19</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 | | |

Violation Report: 14425 - 04/01/2019 - Gray, Dean
PCH Name: BRANDYWINE SENIOR LIVING AT SENIOR SUITES

1. REGULATION 55 Pa.Code §2600
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
[Redacted]
The fire extinguisher in the Lincoln Town Car has not been inspected a fire safety expert.

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.

[Redacted]

The fire extinguisher has been serviced and inspected by S&G Commercial and Residential SVCS LCC. The Environmental Services Director will check fire extinguishers monthly to ensure ongoing compliance.

Please see attachment #3

Within 10 days of the completion of repairs, documentation will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 4/30/19 *MJ*

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

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, ED* Date *4/29/19*

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| | |
|---|---|
| The above plan of correction is approved as of <u>4/30/19</u> (Date) | Plan of correction implementation status as of <u>4/30/19</u> (Date) |
| The above plan of correction was approved by <i>MJ</i> (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 |