



**Sent via e-mail dsmith@bvsl.net
June 5, 2019**

Mr. David Greydanus
Authorized Signatory
BH Brightview East Norriton OPCO, LLC
300 East Germantown Pike
East Norriton, Pennsylvania 19401

RE: Brightview East Norriton
License #: 140750

Dear Mr. Greydanus:

As a result of the Department's Bureau of Human Services Licensing inspection on April 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.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: BRIGHTVIEW EAST NORRITON

License Number: 140750

Address: 300 EAST GERMANTOWN PIKE, EAST NORRITON, PA 19401

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Daren Smith

Phone: 6102397700

Email: mdillon@bvsl.net

Legal Entity

Name: BH BRIGHTVIEW EAST NORRITON OPCO LLC

Address: 300 EAST GERMANTOWN PIKE, PA, 19401

Certificate(s) of Occupancy

Type: 1-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 110

Waking Staff: 83

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/02/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90

Residents Served: 67

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 24

Residents Served: 21

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43

Have Physical Disability: 1

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/22/19, Resident # 1 reported to Staff Member A that they were sexually assaulted. Management wasn't informed of this incident until 3/24/19, and therefore didn't report this incident to the Department until 3/24/19.

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.)

PLEASE SEE ATTACHED.....

Administrator or designee will ensure reportable incidents are sent to the regional office within 24 hours. Guidelines specified in 2600.15 will be followed. Training plan provided by home, documentation to be kept for Department review for 3 years.

SP 06-05-19

Legal Entlty Representative

Signature: Mary Dillon AIO-BC/HSP Printed Name and Title: Mary Dillon AIO-BC HSP Date: 6/4/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 06-05-19 (Date)

Plan of correction implementation status as of 06-05-19 (Date)

The above plan of correction was approved by SP (Initials)

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

6/3/19

3. Plan of correction (POC)-

3/24/19- HSD conducted a one on one verbal conversation on the phone with staff member Sandy H. who did not report this allegation. I reviewed her responsibilities in reporting any allegation of abuse and neglect and reminded her that not reporting such allegations will result in further discipline.

3/25/19- HSD reviewed with Sandy H. in person, her responsibilities by law and re-educated her on abuse and neglect and her responsibilities with reporting any allegations. Sandy H. understood and was able to explain to me her responsibilities.

Reeducation of all the resident care assistants and medication technicians was completed by 4/9/19.

Community finished our yearly education on resident's rights and abuse as well as reporting responsibilities on 6/2/19.

Community will continue to educate all staff on hire of resident's rights and abuse as well as mandatory reporting requirements.

Community will continue yearly mandatory training on resident's rights and abuse as well as mandatory reporting requirements.

HSD will continue disciplinary measures for any staff member who does not report to Administration any report of abuse or neglect.

HSD will conduct informal interviews with residents every month for a period of 90 days and report results at the monthly Safety Committee Meeting.

Please see attached documentation.