



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to AB DRESHER OPERATOR LLC
LEGAL ENTITY

To operate BRANDYWINE SENIOR LIVING AT DRESHER ESTATES
NAME OF FACILITY OR AGENCY

Located at 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025
(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 112
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 July 2, 2019 until July 2, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144240**

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.



July 2, 2019

Mr. Ian Yannuzzi
Executive Director
AB Dresher Operator, LLC
525 Fellowship Road
Mount Laurel, New Jersey 08054

RE: Brandywine Senior Living at Dresher Estates
1405 North Limekiln Pike
Dresher, Pennsylvania 19025
License #: 144240

Dear Mr. Yannuzzi:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 8, 9, and 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.

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". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: BRANDYWINE SENIOR LIVING AT DRESHER ESTATES

License Number: 144241

Address: 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Ian Yanuzzi

Phone: 2155914000

Email: IYANNUZZI@BRANDYCARE.COM

Legal Entity

Name: AB DRESHER OPERATOR LLC

Address: 525 FELLOWSHIP ROAD, SUITE 360, NJ, 08054

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 124

Waking Staff: 93

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Provisional, Incident

Inspection Dates and Department Representative

04/08/2019 - On-Site: Jennie Heinberg, David Carrion

04/09/2019 - On-Site: Jennie Heinberg, David Carrion

04/10/2019 - On-Site: Jennie Heinberg, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112

Residents Served: 79

Secured Dementia Care Unit

In Home: Yes

Area: Reflection

Capacity: 25

Residents Served: 22

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 77

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 45

Have Physical Disability: 0

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

Description of Violation

Staff person A did not receive training in fire safety during training year 2018.

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.)

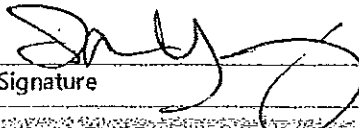
Staff person "A" will receive fire safety training on an annual basis moving forward. This will be monitored on a quarterly basis by the Business office manager, Executive Director, or designee during Quality Management meetings.

Completed: annually

Monitored: Quarterly

Please see attached.....

Legal Entity Representative


Signature

Tan Yannuzzi Executive Director 6/14/19
Printed Name and Title Date

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

The above plan of correction is approved as of 06-25-19
(Date)

Plan of correction implementation status as of 06-25-19
(Date)

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

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

2600.65(g)

The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(g) during each established training year. Staff person A will receive fire safety training immediately. SP 06-25-19

651 - Training Record

Regulations

2600.

65.1. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of training for staff members A and B does not include the length of the course for fire drill training.

Plan of Correction (POC)

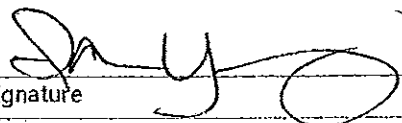
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The community immediately stopped using their internal sign in sheet for fire safety training which did not include the length of the course. The community is now using the department's form which lists the person trained, date, source, content, and length. This is monitored ongoing by the Business office manager, executive director or designee during quarterly during Quality management meetings.

Completed: Immediately, monitored quarterly

The administrator or designee shall develop and implement a system to ensure all of the required information in accordance with regulation 2600.65(i) is included with each staff training. New Department form will be made available for Department review. Home did provide verification of new form. SP 06-25-19

Legal Entity Representative

Signature 

Printed Name and Title Tan Yannuzzi Executive Director Date 06/14/19

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The home didn't follow the PTAC's manufacture instructions for monthly maintenance. The home failed to keep the PTAC equipment clean and free of hazard.

Plan of Correction (POC)

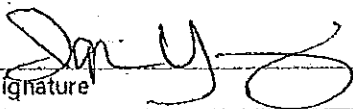
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The home is utilizing the Direct Supply TELS system and moving forward will track PTAC maintenance on a monthly basis in that system. This will be monitored and completed by the Maintenance Director, maintenance assistant, or designee on a monthly basis. This will also be monitored quarterly at Quality Management meetings by the Executive Director, Maintenance Director, or designee.

Completed: monthly, quarterly

The administrator or designee will ensure the PTAC systems receive maintenance in accordance with the manufacturer's instructions. Monthly maintenance of PTAC system will be recorded and logged for Department review. SP 06-25-19

Legal Entity Representative

Signature 

Printed Name and Title Tom Yannuzzi Executive Director Date 6/14/19

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On April 9, 2019, Resident #3's Glucometer was not calibrated with the correct date.

Resident #2's Glucometer's readings did not match the readings written on the medication administration records on the following dates:

- 3/15 7:41am Reading on the glucometer was 282 but 285 was written on the MAR.
- 3/15 4:07pm Reading on the glucometer was 223 but no reading was written on the MAR.
- 3/15 4:43pm There was no reading on the glucometer but 231 was written on the MAR.
- 3/16 4:17pm Reading on the glucometer was 183 but no reading was written on the MAR.
- 3/16 4:54pm There was no reading on the glucometer but 178 was written on the MAR.
- 3/21 12:22am Reading on the glucometer was 377but no reading was written on the MAR.

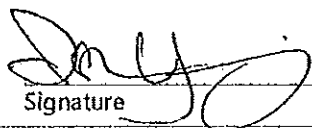
Plan of Correction (POC)

(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.)

- All residents with orders for ACCU checks will have an ACCU Check Daily Calibration Check Audit Sheet placed in the narcotic binder with their name and unit number. (Please see Attachment 1)
- Nurses will check each ACCU machine daily, on each shift, and sign off on the ACCU check calibration sheet that it has been for correct date and time. Any ACCU check machine needing recalibration will be done immediately by the nurse. Nurses will accurately transcribe the ACCU results into the MAR.
- Wellness Director or designee will audit the ACCU Check Calibration Check Audit sheets, glucometer readings on machines, vs MAR, and ACCU check machines weekly x 4 weeks, then every other week for 2 months, then monthly for 3 months. (Please see Attachment 2)
- Nurses to be in-serviced on new protocol by 6/14/19 (Please see attachment 3)
- ACCU check Calibration Check Audit sheets to be reviewed quarterly at Quality Improvement Meetings.
- Completed: 6/14/19, daily, weekly x4, EOW x2 months, monthly x3

Please see attached.....

Legal Entity Representative


Signature

Executive Director Jon Yamuzi 6/14/19
Printed Name and Title Date

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2600.185(a)

The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept. Home did provide verification medication administration staff was in-serviced on Glucometer checks, Accu-check readings and documentation.

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1# has a prescription for Lorazepam 0.25mg. However, resident #1 was administered Alprazolam 0.25mg from March 5th - March 9th instead of the Lorazepam.

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.)

As this violation was regarding a reported medication error from March 11th, the community had already taken corrective action steps. The medication for Resident #1 was incorrectly delivered from hospice pharmacy. The first action step was the Pharmacy was notified and correct medication delivered with incorrect medication returned to pharmacy. The second action step was the nurses who administered the incorrect medication were in-serviced on the "5 Rights of Medication Administration" on March 11th. (Please see attachment #4). Additionally, the nurses will ensure when receiving medications upon delivery from pharmacy, medication is correct medication prescribed for resident.

Nurses were instructed that these steps need to be followed with each med pass.
(Please see attachment #5)

Please see attached

Legal Entity Representative

 Signature
Jan Yannuzzi Executive Director 6/12/19 Printed Name and Title Date

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2600.187(d)

The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Home did provide verification of 5 rights of medication in-service. SP 06-25-19