



pennsylvania
DEPARTMENT OF HUMAN SERVICES

November 15, 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 August 22, 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 black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: BRIGHTVIEW EAST NORRITON

License Number: 14075

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

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Daren Smith

Phone: 6102397700

Email: DSMITH@BVSL.NET

Legal Entity

Name: BH BRIGHTVIEW EAST NORRITON OPCO LLC

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

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 106

Waking Staff: 80

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

08/22/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90

Residents Served: 65

Secured Dementia Care Unit

In Home: Yes

Area: Wellspring

Capacity: 24

Residents Served: 21

Hospice

Current Residents: x

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: 41

Have Physical Disability: 0

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 08/17/2019 at approximately 11:49pm, resident #1 pushed her pendant to get assistance to go to the bathroom. Resident #1 had suffered a recent fall and was instructed to get staff assistance when ambulating to the bathroom. Staff member A responded to the pendant call, but had to leave due to an emergency in the SDCU. Staff member A stated she would come back right to assist resident #1 but did not. Resident #1 waited for almost an hour before she rang the pendant once more at 12:41am on 08/18/2019. This time staff member B responded but was in a bad mood and complained about the resident's impatience. Staff member B helped the resident to the bathroom and by this time staff member A was just coming back to check on the resident. Staff member A could see the tension between the resident and staff member B. Both staff members A and B guided the resident from the bathroom to the bedroom. When the resident tried to turn off the lamp in the living-room, staff member B stopped the resident from leaving her bedroom, stating that they would take care of it after helping her to bed.

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.)

See attached

On receiving this POC, the Administrator will schedule all staff to receive a training on abuse, neglect and the rights of residents from a third-party instructor. For the next two consecutive month period, the Administrator or designee will provide oversight to staff during the ADL care of resident #1 and aslo offer coaching and redirection on the care of resident #1 11/13/19

AAA

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name and Title]

Printed Name and Title

Date

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

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

Plan of Correction

10/11/19

2600.42. C. A resident shall be treated with dignity and respect.

1. Health services Director and Personal care Manager educated staff A and B on the importance of communication amongst staff members when answering pendants. Staff will communicate with each other via portable phone when answering pendant calls. Direct care staff will communicate with each other when answering pendants and if unable to answer pendant via mobile work phone. The personal care manager will monitor pendant call report daily, to ensure prompt responses and to monitor compliance over 90 days.
2. All direct care staff will be in-serviced on the importance of communication amongst team members when responding to pendant calls by 10/26/19 by Personal care Manager and Health Services director.
3. Staff member B was also educated on the importance of being aware of her facial expressions, demeanor and tone of voice. We reviewed different approaches and how to provide care as well as respond to a resident who maybe frustrated. We reviewed how to apologize for the residents' frustration and wait time and how she can respond positively in the future. All direct care staff will be in serviced on approaches to care when a resident is frustrated by 10/26/19. Health services director and Personal care manager will interview 3 residents per month about their satisfaction with care provided and to ensure compliance.

DARON SMITH
EXECUTIVE DIRECTOR

Daron Smith
Executive Director
10/11/19

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 05/18/2017, began providing unsupervised ADL services on 05/18/2017. However, there is no record of the staff person completing and passing the Department-approved direct care training course and the competency test.

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.)

See attached

A checklist will be created to track and ensure completion of all regulatory required training prior to allowing a staff member to provide unsupervised ADL. 11/13/19

AAA

Legal Entity Representative

Daen Smith

Signature

DAEN SMITH EXECUTIVE DIRECTOR - 10/1/19

Printed Name and Title

Date

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Plan of Correction

10/11/19

2600.65d – Initial Direct Care Training

1. An audit of personnel files was conducted to ensure required documentation (completion and passing Department approved direct care training course and competency test) is available for all direct-care staff persons (09/2019).
2. Documentation scanned and stored electronically in employee file (completed 10/11/19)
3. Newly hired direct-care staff persons will not be permitted to provide unsupervised ADL services without completing the direct care training course and competency test and providing the certification to the business office manager.

DAREN SMITH
EXECUTIVE DIRECTOR

Daren Smith
ED 10/11/19

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The shower stall in room #375 A, occupied by resident #2, does not have a slip-resistant surface.

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.)

See attached

The Administrator will create a checklist of things/areas to be monitored or reviewed for regulatory compliance during a daily walkthrough of the facility. 11/13/19

AAA

Legal Entity Representative

[Handwritten Signature]

Signature

DARON SMITH EXECUTIVE DIRECTOR 10/10/19

Printed Name and Title

Date

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Plan of Correction

10/11/19

2600.10. d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip- resistant surfaces.

1. Maintenance Director installed new slip resistant surface in Apt # 375A on 10/10/19.
2. Maintenance Director audited all Personal care apartments to ensure that all apartment showers had slip resistance surfaces on 10/8/19. All apartment showers have slip resistant surfaces.

DARON SMITH
EXECUTIVE DIRECTOR

Daron Smith
10/11/19
Executive Director

187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 has an order of Bengay Cream (apply to lower back three times a day). The resident refused this cream numerous times in August including all three times on 08/06/2019. The home did not notify the prescriber of these refusals.

Resident #2 refused to take a scheduled dose of Hydrogen Per Sol 3 % On 08/02/2019 at 08:00 PM. The home did not notify the prescriber of the refusal.

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.)

see attached

Legal Entity Representative

Darren Smith
Signature

DARREN SMITH Executive Director 10/10/14
Printed Name and Title Date

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Plan of Correction

10/11/19

2600.187. c. Refusal of Medication

1. The Health services Director and Nursing staff have re-educated all medication technicians about notifying the nursing staff upon refusal of any prescribed medication. Completed on 10/10/19.
2. Nursing staff will check the electronic medication record twice daily for any refusal of medications. The nurse will notify the physician within 24 hours and document this in the residents chart. The Health Services director will monitor compliance weekly and will follow up as indicated for 90 days.

DAREN SMITH
EXECUTIVE DIRECTOR

Daren Smith
Executive Director
10/11/19