



Sent via e-mail srovner@bvsl.net
Sent via e-mail arice@bvsl.net
December 5, 2019

Mr. Steven Rovner
Executive Director
Brightview Senior Living
218 North Charles Street, Suite 220
Baltimore, Maryland 21201

RE: Brightview Devon
301 East Conestoga Road
Wayne, Pennsylvania 19087
License #: 144590

Dear Mr. Rovner:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 1, 2019 of the above facility, the citations specified were found.

We have determined that your plan of correction is:

Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information	
Name: <i>BRIGHTVIEW DEVON</i>	License Number: <i>14459</i>
Address: <i>301 EAST CONESTOGA ROAD,, WAYNE, PA 19087</i>	
County: <i>CHESTER</i>	Region: <i>SOUTHEAST</i>

Administrator		
Name: <i>Adam Rice</i>	Phone: <i>4845190097</i>	Email: <i>Arice@bvsl.net</i>

Legal Entity	
Name: <i>BRIGHTVIEW WAYNE LLC</i>	
Address: <i>218 NORTH CHARLES STREET, BALTIMORE, MD, 21201</i>	

Certificate(s) of Occupancy		
Type: <i>I-2</i>	Date:	Issued By:

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>44</i>	Waking Staff: <i>33</i>

Inspection		
Type: <i>Partial</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Monitoring</i>		

Inspection Dates and Department Representative	
<i>10/01/2019 - On-Site: David Carrion</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>95</i>		Residents Served: <i>25</i>	
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>Wellspring</i>	Capacity: <i>32</i>	Residents Served: <i>10</i>
Hospice			
Current Residents: <i>2</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>24</i>	
Diagnosed with Mental Illness: <i>18</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>19</i>		Have Physical Disability: <i>1</i>	

BRIGHTVIEW DEVON

14459

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not completed a fire drill observed by a fire safety expert.

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 page 4 and attachments #1

Legal Entity Representative

Adam Rice

Signature

Adam Rice - Executive Director

Printed Name and Title

10/24/19

Date

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

The above plan of correction is approved as of 12/5/19
(Date)

Plan of correction implementation status as of 12/5/19
(Date)

Implemented

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

Not Implemented


Violation 132b-Safety Inspection/Fire Drill

Regulation 2600.132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of violation: The home has not completed a fire drill observed by a fire safety expert.

Plan of Correction:

Brightview Devon was licensed on July 24, 2019 to begin admitting residents. Per regulation 2600.132.b, a fire inspection and fire drill conducted by a fire safety expert shall be completed annually. Per this regulation, Robert Muller (ICC Fire Inspector #8117966) from Fire Safety & Life Safety Solutions located in Abington, PA has been scheduled to be onsite to complete a fire drill on 11/15/2019. See attached letter dated October 23, 2019 (labeled #1) confirming that a drill has been scheduled. Year 2020 date to return will be requested during this visit. Our Maintenance Director will schedule and track compliance ongoing.

Maintain documentation for Department review. 12/5/19 

BRIGHTVIEW DEVON

14459

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

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 page 5 and attachments #2 + #3

Legal Entity Representative

Adam Rice

Adam Rice - Executive Director

10/24/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 12/5/19
(Date)

Plan of correction implementation status as of 12/5/19
(Date)

Implemented

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

Not Implemented

Violation 233c- Key-Locking Devices

Regulation 2600.233.c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of violation: The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU)

Plan of Correction:

At the time of the monitoring visit on 10/1/2019, the SDCU egress system consisted of a camera connected to the concierge desk. The concierge would grant egress, ensuring those exiting did not include residents without supervision. As a result of this violation, a key pad system was installed on 10/9/2019 by ASD (Automated Systems Design, Inc.) to allow immediate egress for associates, family members and guests in the event they desired it or in emergencies. As per the RCG discussion for 233c, *[If a resident who has an identified need to be in a secured unit is able to follow the written directions and obtain immediate egress from the home, the home may disguise the directions in a manner that permits staff persons and visitors to obtain immediate egress in an emergency]*, the code for the key pad was disguised in a picture placed directly above the key pad (attachment 2 & 3). This key pad will be activated and placed in full service on 10/28/19, after adjustments are made to the system by ASD. 12/5/19 