



Sent via e-mail arice@bvsl.net  
August 25, 2020

Mr. Doug Dollenberg, Jr.  
President  
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. Dollenberg:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 30 and 31, 2020 and April 1, 2, 3, 6, 7, 8, 9, 13, and 15, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *BRIGHTVIEW DEVON*

License Number: *14459*

Address: *301 EAST CONESTOGA ROAD, WAYNE, PA 19087*

County: *CHESTER*

Region: *SOUTHEAST*

## Administrator

Name: *Adam Rice*

Phone: *4845190097*

Email: *arice@bvsl.net*

## Legal Entity

Name: *BRIGHTVIEW WAYNE LLC*

Address: *218 NORTH CHARLES STREET, BALTIMORE, MD, 21201*

## Certificate(s) of Occupancy

Type: *Other*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *86*

Waking Staff: *65*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, Incident*

## Inspection Dates and Department Representative

*03/30/2020 - Off-Site: Dean Gray*

*03/31/2020 - Off-Site: Dean Gray*

*04/01/2020 - Off-Site: Dean Gray*

*04/02/2020 - Off-Site: Dean Gray*

*04/03/2020 - Off-Site: Dean Gray*

*04/06/2020 - Off-Site: Dean Gray*

*04/07/2020 - Off-Site: Dean Gray*

*04/08/2020 - Off-Site: Dean Gray*

*04/09/2020 - Off-Site: Dean Gray*

*04/13/2020 - Off-Site: Dean Gray*

*04/15/2020 - Off-Site: Dean Gray*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *95*

Residents Served: *47*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *Wellspring*

Capacity: *25*

Residents Served: *20*

**Resident Demographic Data as of Inspection Dates (continued)**

**Hospice**

**Current Residents: 2**

**Number of Residents Who:**

**Receive Supplemental Security Income: 0**

**Diagnosed with Mental Illness: 1**

**Have Mobility Need: 39**

**Are 60 Years of Age or Older: 47**

**Diagnosed with Intellectual Disability: 0**

**Have Physical Disability: 0**

15a - Resident Abuse Report

Regulations

2600. 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 02/16/2020, at 2:30 pm, resident #1 suffered an injury to elbow requiring treatment at a hospital. This incident was observed by staff person A and reported to staff person B. However, it was not reported to the local Area Agency on Aging.

On 03/12/2020, at 7:30 am, several scratches and bruises were discovered on the head and body of resident #1 with no explanation of origin. This incident was discovered by staff persons C and D and reported to staff person B. However, it was not reported to the local Area Agency on Aging.

Plan of Correction (POC)

- All associates are trained on the Older Adult Protective Services Act (OAPSA) with Health Services Director upon hire and annually. All health & wellness associates were re-educated via inservice 6/10 through 6/12/2020 {Attachments 1 & 2}
All associates were assigned and have completed Abuse and Neglect training in Relias 5/2020 and will complete annually. {Attachment 3}
All associates were assigned and completed Resident's Rights Essentials in Relias 5/2020 and will complete annually. {Attachment 4}
Re-educated associates on the incident reporting process to communicate incidents (6/10 through 6/12/2020). ED and Health Service Director will review all incidents reports and discuss at Safety team meetings monthly. {Attachment 9}
Executive Director or Health Service Director will report any incidents of unknown cause to local Area Agency on Aging immediately, in addition to completing the reportable incident report to DHS within 24 hrs.

Legal Entity Representative

Signature: Adam Rice, Printed Name and Title: Adam Rice - Executive Director, Date: 6/12/2020 (with handwritten correction to 8/19/2020)

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The above plan of correction is approved as of 8/25/2020 (Date) Plan of correction implementation status as of 8/25/2020 (Date)
[checked] Implemented
[ ] Not Implemented
The above plan of correction was approved by slw (Initials)

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 03/19/20, at 7:35 pm, staff heard loud screams coming from resident #2's room. Resident #1 was observed on top of resident #2 in room on bed strangling and punching ... resulting in a trip to the emergency room for resident #2 and a referral to a behavioral health unit for resident #1. Resident #2 suffered minor scratches and bruises and returned to the home at 11:15 pm.

Between the months of October 2019 and February 2020 resident #1 had 5 documented incidents of being aggressive towards staff. The home neglected to address these incidents involving resident #1 allowing the resident's aggressive behavior to escalate to the point of attacking another resident on 03/19/2020.

Plan of Correction (POC)

- All associates are given "Overview of Dementia" and "Forget Dementia" training via Relias on first day of employment. {Attachment 6}
- All associates were required to complete "Handling Aggressive Behaviors" training via Relias 4/2020 and will complete annually and as needed. {Attachment 5} all associates completed training on 8/19/2020.
- E.D. and Health & Wellness team will meet weekly to review any residents reported to have behaviors during that week. Will identify trends and confirm a plan is in place to support the resident. (initiate 6/15/2020)
- All newer associates scheduled to participate in The Practical Approach training (4hrs) reviewing the basic human needs and how they apply to residents with dementia; practice proactive and positive approaches. (Scheduled completion by 6/30/2020) Other associates participated in this training on 3/12/2020. {Attachment 7} this training has been added to the staff training plan.
- Monthly safety team meetings to include discussion of incident reports (ongoing)
- Monthly BAYADA home health "huddle" to identify and discuss at risk residents (ongoing)
- \* Resident #1 was discharged to the hospital on the date of the incident, 3/19/2020 and did not return to the community, thus the RASP was not updated or changed.

Signature *Adam Rice* Printed Name and Title *Adam Rice - Executive Director* Date *6/12/2020*  
*Adam Rice* *8/19/2020*

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 (Date) (Date)

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 (Initials)

42c - Treatment of Residents

Regulations

2600.

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

Description of Violation

Staff interviews revealed that multiple staff yell at residents to assert authority when the residents do not do as they are told.

Plan of Correction (POC)

- All associates were assigned and completed "Abuse & Neglect" training in Relias 5/2020 and will complete annually. {Attachment 3} Associates completed the training on 8/19/2020.
  - All associates were assigned and completed "Resident's Rights Essentials" in Relias 5/2020 and will complete annually. {Attachment 4} Associates completed the training on 8/19/2020 \*
  - All associates are trained on the Older Adult Protective Services Act (OAPSA) with Health Services Director upon hire and annually. All health & wellness associates were re-educated via inservice (6/10 through 6/12/2020) {Attachment 1 & 2} \*
  - All associates were required to complete "Handling Aggressive Behaviors" training via Relias 4/2020 and will complete annually and as needed. {Attachment 5} This training was added to the annual staff training plan to be completed by 8/29/2020.
  - Will utilize Brightview handbook and HR policies and procedures to counsel, re-educate and hold accountable any associate violating a resident's right to dignity and respect.
  - All newer associates scheduled to participate in The Practical Approach training (4 hrs) reviewing the basic human needs and how they apply to residents with dementia; practice proactive and positive approaches. (Scheduled completion by 6/30/2020) Other associates participated in this training on 3/12/2020. {Attachment 7}
  - Associates scheduled to complete Teepa Snow training: "Challenging Behaviors" in Relias by 6/30/2020 {Attachment 8}
  - Wellspring Village Director will hold monthly associate meetings to discuss resident needs and care planning with time dedicated to challenging residents (6/2020)
  - Supervisors will Re-educate associates on confidential Ethics Hotline to report community concerns, which is monitored by HR (6/2020)
- \* Resident #1 was discharged to the hospital on the date of the incident, 3/19/2020 and did not return to the community, thus the RASP was not updated or changed.

*Adam Rice*  
Signature

*Adam Rice - Executive Director*  
Printed Name and Title

*6/12/2020*  
Date  
*8/19/2020*

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(Date)

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(Initials)

Implemented  
 Not Implemented

42s - Privacy

Regulations

2600. 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On multiple occasions resident #1 had been found in other resident's rooms; sleeping in their bed, using their toilet, urinating in their shower or going through their things. Staff were unsuccessful in redirecting behavior and the home failed to provide privacy of possessions of other residents.

Plan of Correction (POC)

- Resident apartment doors have immediate egress door locks. They lock from the inside and allow immediate egress to the resident. [Redacted]
- Residents will be re-directed away from other resident apartments in a manner reflected in the resident's individualized service plan. Associates were trained on the use of Memory Well to assist in the management of resident behaviors on 6/10 and 6/11/2020.
- Associates scheduled to complete Teepa Snow training: "Challenging Behaviors" in Relias by 6/30/2020 {Attachment 8}
- All associates scheduled and completed "Handling Aggressive Behaviors" training via Relias 4/2020 and will complete annually and as needed. {Attachment 5} All associates completed this training by 8/19/2020.
- All associates scheduled to complete education in "Person Centered Dementia Care" (8 Modules) by 7/31/2020 { Attachment 10}
- \* Resident assistants assigned to offer additional activities throughout the day and evening shifts, to engage residents and initiated on 6/29/2020 as a measure to redirect residents from wandering into other residents rooms.

Legal Entity Representative

*Adam Rice*  
Signature

Adam Rice - Executive Director  
Printed Name and Title

6/12/2020  
8/17/2020  
Date

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## 202 - Prohibitions

## Regulations

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

## Description of Violation

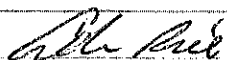
On 3/11/20, at approximately 10:20 pm, staff person E observed the Senior Helper in the room with resident #1, with a chair being used as a barricade to prevent resident from leaving the room.

## Plan of Correction (POC)

- All associates are trained on the Older Adult Protective Services Act (OAPSA) with Health Services Director upon hire and annually. All health & wellness associates were re-educated via inservice (6/10 through 6/12/2020) {Attachment 1 & 2}
- All associates were assigned and have completed Abuse and Neglect training in Relias 5/2020 and will complete annually. {Attachment 3}
- All associates were assigned and completed Resident's Rights Essentials in Relias 5/2020 and will complete annually. {Attachment 4}
- All associates were educated on the policies/procedures for reporting emergency situations involving residents (6/10 through 6/12/2020) {Attachment 9}
- ED and HSD will meet with Senior Helpers (preferred provider of private duty caregivers) to create necessary, Brightview required orientation/education regarding OAPSA, abuse/neglect, residents rights, communication and incident reporting by 6/30/2020

## Legal Entity Representative

  
Signature



Adam Rice - Executive Director  
Printed Name and Title

6/12/2020  
Date

8/19/2020

202 - Prohibitions (continued)

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234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plans, dated 07/27/2019 and 02/17/20, for resident #1 under Section 3: Mental Health, Behavioral Health, and Cognitive Functioning Needs lists a Medical Diagnosis - Psychological of Dementia. The Plan to meet Psychological Need section states; "Monitor for behaviors such as wandering or aggression. Have resident seen by Geri-psych monthly". The resident was no meeting with a psychologist or psychiatrist as confirmed in a 3/31/20 email from staff person F.

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.)

- E.D. and Health & Wellness team will meet weekly to review any residents reported to have behaviors during that week. Will identify trends and confirm a plan is in place to support the resident. (initiate 6/12/2020)
- Medical Director will be included in care planning for residents who he is not the PCP, to discuss working with PCP's to manage challenging residents
- Health Services Director will secure relationship with provider of psychology services for prn education and/or consultation (7/31/2020)
- \* Dr. Scott Fleisher and Associates were secured to begin service September, 2020. PRN coverage is currently being provided by Dr. Bowers.
- \* Resident #1 was discharged from the home, immediately following the incident on 3/19/2020 and did not return.
- \* The administrator or designee will audit all resident records to ensure any resident requiring psychological or psychiatric services will be scheduled, starting immediately. (slw 8.25.2020)

Legal Entity Representative

*Adam Rice*

Signature

Adam Rice - Executive Director

Printed Name and Title

6/12/2020

Date

*slw*

8/19/2020

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(Date)

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8/25/2020

(Date)

Implemented

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slw

(Initials)

234c - Support Plan Responsible Person

Regulations

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan, dated 02/17/2020, for resident #1 List Senior Helpers (aides) as the sole responsible party to address several of the resident's needs, including transferring in/out of bed/chair, toileting, bladder management and personal hygiene. The Senior Helpers aides stopped after 03/12/2020.

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.)

- Health & Wellness team will require weekly schedules from third party, private duty caregiver companies which will indicate resident end of care dates. End of care dates will be included on support plans for any task assigned to a private duty caregiver. Dates will be updated for extended or cancelled contracts. (Initiate 6/15/2020)
- ED and Health & Wellness team will meet with Senior Helpers monthly beginning 6/2020, to discuss each resident they care for
- \* The meeting will discuss the responsibilities of the Senior Helpers and the responsibilities of the Brightview resident associates to ensure the needs of the residents are met.

Legal Entity Representative

*Adam Rice*  
Signature

*Adam Rice - Executive Director* 6/12/2020  
Printed Name and Title Date  
*6/15/2020*

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