

Department of Human Services  
Bureau of Human Service Licensing

November 5, 2020

JESSICA GONZALEZ, ADMINISTRATOR  
AB EAST NORRITON OPERATOR LLC  
525 FELLOWSHIP ROAD, SUITE 360  
MOUNT LAUREL, NJ 8054

RE: BRANDYWINE SENIOR LIVING AT  
SENIOR SUITES  
2101 NEW HOPE STREET  
EAST NORRITON, PA, 19401  
LICENSE/COC#: 14425

Dear Ms. Gonzalez,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2020, 08/28/2020, 09/01/2020, 09/09/2020, 09/11/2020, 09/17/2020, 09/22/2020, 09/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *BRANDYWINE SENIOR LIVING AT SENIOR SUITES* License #: *14425* License Expiration Date: *05/31/2021*  
 Address: *2101 NEW HOPE STREET, EAST NORRITON, PA 19401*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Jessica Gonzalez* Phone: *6102726200* Email:  
*jgonzalez@brandycare.com,*

**Legal Entity**

Name: *AB EAST NORRITON OPERATOR LLC*  
 Address: *525 FELLOWSHIP ROAD, SUITE 360, MOUNT LAUREL, NJ, 8054*  
 Phone: *6102726200* Email: *JGONZALEZ@BRANDYCARE.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/27/2003* Issued By: *Commonwealth of Pa*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *92* Waking Staff: *69*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/25/2020*

**Inspection Dates and Department Representative**

*08/26/2020 - Off-Site: Natasha Braswell*  
*08/28/2020 - Off-Site: Natasha Braswell*  
*09/01/2020 - Off-Site: Natasha Braswell*  
*09/09/2020 - Off-Site: Natasha Braswell*  
*09/11/2020 - Off-Site: Natasha Braswell*  
*09/17/2020 - Off-Site: Natasha Braswell*  
*09/22/2020 - Off-Site: Natasha Braswell*  
*09/25/2020 - Off-Site: Natasha Braswell*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *245* Residents Served: *65*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *REFLECTIONS* Capacity: *40* Residents Served: *19*

**Hospice**

Current Residents: *8*

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

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 65

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 0

## Inspections / Reviews

## 08/26/2020 - Partial

Lead Inspector: *Natasha Braswell*Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2020*

## 10/30/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/02/2020*

## 11/5/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

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 8/23/20, at 1:30 pm, staff person A went to resident #1's room to bring him to the dining area for lunch. When staff person A arrived to the room she observed resident #1 in his wheelchair holding a belt and looking upset. Staff person A asked resident #1 what was he doing with the belt; resident #1 stated he hit someone with the belt. Staff person A knew right away who the resident was that was hit. Staff person A went to resident #2's room and observed resident #2 with a bleeding gash on his forehead and a swollen black eye. Resident #2 had wandered into resident #1's room where he was hit in the face with a belt.*

**Plan of Correction****Accept**

*Both residents were placed on 1 hour checks for 48 hours.*

*Resident #1 was evaluated on 9/9/2020 by his psychiatrist and on 9/10/2020 by his primary care physician. Resident #1 did have a medication evaluation and adjustment. Resident #1 was encouraged by the Wellness Director to notify the facility staff if he is uncomfortable with another resident in his apartment. Resident #1 was also encouraged to notify staff if he is upset instead of striking another resident.*

*Resident #2 was assessed by the Wellness Director for further injuries, none noted. Resident #2 was evaluated by his primary care physician on 9/10/2020. In addition to Resident # 2 having a name plate, the facility posted a larger sign directly on his door to remind the resident that this was his apartment. Resident #2 was re-assessed to need a higher level of care. Wellness Director discussed this with the resident's family and the resident was moved into the secure memory care neighborhood as soon as it was available. Until then, resident #2 was encouraged and guided by staff to attend supervised, group activities more frequently.*

**Completion Date:** 09/26/2020

**Document Submission****Implemented**

*Copy of 225 door sign attached*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #2's assessment, dated 6/29/20, does not document the resident's reoccurring falls and wandering the halls without his walker, shoes or pants and wandering into resident #1's room. Resident #2 had falls on: 7/4, 7/5, 7/6, 7/7 and 7/8. In addition, resident #2 was observed wandering the halls without his walker on 8/1, 8/14 and 8/23.*

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

*Nursing staff has been educated and in serviced on updating the RASP as incidents occur. Resident #1 and Resident #2 charts have been updated and audited for compliance. All remaining resident's charts have also been audited for updating and a compliance tickler is being utilized for regular monitoring and compliance. Resident #2 actually only had one fall on 7/4/2020, but there was documentation for 9 shifts afterwards status post fall. Due to the fall, observations of walking without his walker, and the incident in question, Resident #2 was evaluated and assessed as needing a higher level of care and was moved into the secured memory care neighborhood. See attachment 1 and 2*

**Completion Date:** 10/28/2020

**Document Submission****Implemented**