

Department of Human Services
Bureau of Human Service Licensing

January 8, 2021

DARREN SMITH, EXECUTIVE DIRECTOR
BH BRIGHTVIEW EAST NORRITON OPCO LLC
300 EAST GERMANTOWN PIKE
EAST NORRITON, PA 19401

RE: BRIGHTVIEW EAST NORRITON
300 EAST GERMANTOWN PIKE
EAST NORRITON, PA, 19401
LICENSE/COC#: 14075

Dear Mr. Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2020, 10/22/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BRIGHTVIEW EAST NORRITON* License #: *14075* License Expiration Date: *07/31/2021*
 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*
 Phone: *6102397700* Email: *DSMITH@BVSL.NET*

Certificate(s) of Occupancy

Type: *I-2* Date: *02/27/2008* Issued By: *East Norriton Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/22/2020*

Inspection Dates and Department Representative

10/21/2020 - On-Site: Youn Hie Chung, Alexander Goldstein
10/22/2020 - On-Site: Youn Hie Chung, Alexander Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *Well Spring* Capacity: *24* Residents Served: *21*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

10/21/2020 - Full

Lead Inspector: *Youn Hie Chung*Follow-Up Type: *POC Submission*Follow-Up Date: *11/08/2020*

11/9/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *11/11/2020*

11/9/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *11/13/2020*

1/8/2021 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/21/2020, resident #1's record contained the resident's initial Assessment-Support Plan (RASP) dated 09/24/2020, which was signed by resident #2 on 09/28/2020.

Plan of Correction

Accept

Record was corrected with resident #1 signature on the resident assessment-support plan on 10/21/20. The new PCM was educated on the need to review the name on the assessment as well as ask the resident their name, comparing both to ensure she has the correct resident. PCM will review all Assessment-Support plans monthly for accuracy of signatures and this will be reviewed monthly in Safety meeting x 6 months.

Completion Date: 10/21/2020

Document Submission

Implemented

see attached documents

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 09/22/2020, for resident #1 was not signed by the resident. The resident-home contract, dated 08/19/2020, for resident #2 was not signed by the resident.

Plan of Correction

Accept

Administration personnel obtained residents signatures on 10/22/20, Training was conducted for all administration personnel on notification of contract signatures and admission processes. Personnel completing the admission process will ensure that signatures are obtained by reviewing the administration packet after completion. The Business Office Manager will review all admission packets for required signatures monthly. Should there be a staffing issue the Concierge will assume responsibility of this task. Training for this was completed on 10/26/2020

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e - Signed Statement (continued)

Description of Violation

Resident #1's record and resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

Administration personnel obtained residents signatures on 10/22/20, Training was conducted for all administration personnel on notification of Signed statement and admission processes Personnel completing the admission process will ensure that signatures are obtained by reviewing the administration packet after completion. The Business Office Manager will review all admission packets for required signatures monthly. Should there be a staffing issue the Concierge will assume responsibility of this task. Training for this was completed on 10/26/2020

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

65d - Initial Direct Care Training

1. Requirements

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 Repeat Violation

Direct care staff person A, hired on [redacted]/2018, began providing unsupervised ADL services in [redacted] 2018. However, staff A did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]/2019.

Repeat Violation: 04/18/2019 et al

Plan of Correction

Accept

Following inspection on 4/18/2019, and effective 5/3/2019, the following was implemented: Personal Care Manager and Wellspring Village Director will ensure that all new direct care staff members complete the department direct care training course and exam within one week of hire and prior to unsupervised care. They will give the completed certificate to the Business Office Manager for filing in the staff member's personnel file. A monthly audit will be conducted by the Business Office Manager and the Executive Director will follow up during monthly safety committee meetings to ensure compliance.

Completion Date: 10/21/2020

Document Submission

Implemented

see attached documents

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics (continued)

Description of Violation

Direct care staff person A and B did not receive training in topics listed above during training year 2019.

Plan of Correction**Accept**

Relias training for self-administration of medication for direct care staff associates will be assigned to direct care staff for completion by 11/30/2020.

The training for meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan will be developed within the next two weeks to be assigned to associates for completion by 12/18/2020. The Business Office Manager will ensure that all Direct Care staff completes these trainings by the assigned due dates

Completion Date: 12/18/2020

Document Submission**Implemented**

See attached documents. Relias training will be added for direct care staff in 2021.

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2020 staff training plan did not include the dates, times, and locations of the scheduled training.

Plan of Correction**Do Not Accept**

A staff training plan for 2020 was provided to the inspectors on 10/22/2020. The plan included training topic, description, staff job title, required date for completion, length of course, location (if appropriate) and person responsible for training (if classroom training). Note: Per discussion point 2600.66(a): "The annual training plan may include general topic areas, perspective training sources and target months or quarters for upcoming training, if the specific courses, dates, times and locations are not yet known."

Completion Date: 10/22/2020

Plan of Correction**Accept**

A staff training plan was provided to the inspectors on 10/22/2020. The Business Office manager will create a training plan each year aimed at improving the knowledge and skills of each direct care associates job responsibilities. The plan will include dates, times and locations of the scheduled training. The Business Office Manager will follow up quarterly to ensure compliance with training.

Completion Date: 11/09/2020

Document Submission**Implemented**

See attached documents

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)

Description of Violation

On 10/21/2020 at 11:30 AM, there were two uncovered, unattended trash cans in the kitchen.

Plan of Correction

Accept

Trash can lids were put on trash cans at time of inspection on 10/21/2020. Dining Services Director trained all dining associates on the proper covering of all trash cans when unattended on 10/26/2020. The Dining Services Director posted signs on all trash cans reminding all dining associates that all unattended trash cans in the kitchen must be covered when a dining associate leaves the kitchen and the trash can is not being used. The Dining Services Director and Cook on duty will conduct daily audits to ensure that all associates are following the proper procedures of having the trash lids on the trash cans when not in use.

Completion Date: 10/26/2020

Document Submission

Implemented

See attached doc



uments

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers *(continued)*

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the 3 telephones in resident room #354.

Plan of Correction

Accept

Emergency phone numbers were posted on all phones in Apt#354 at time of inspection on 10/21/2020. All other personal care apartments were audited on 10/21/2020 to ensure that all phones had all emergency phone numbers listed on their phones. The Personal Care Manager will ensure that all residents have the emergency phone numbers listed in their apartments on Move in day. The Personal care Manager will conduct monthly audits of all apartment homes to ensure that all emergency numbers are posted in their apartments.

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 10/21/20 at 11:20 AM, there was an open bag of frozen sweet potatoes without a date of opening in the kitchen freezer.

On 10/21/20 at 11:20 AM, there was an undated bowl of salsa in the kitchen refrigerator.

Plan of Correction

Accept

The leftover bag of frozen sweet potatoes and bowl of salsa was labeled and dated at time of inspection on 10/21/2022. The Dining Services Director trained all Dining associates on the procedures for labeling and dating leftover food in the freezer and refrigerator on 10/26/2020. The Dining services Director will audit the refrigerator and freezer weekly to ensure that all leftover food is labeled and dated.

Completion Date: 10/26/2020

Document Submission

Implemented

See attached documents

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 10/21/20 at 11:30 AM, 3 dented cans of V8 were on the shelf for use and not separated onto the dented cans shelf.

103i - Outdated Food (continued)

Plan of Correction

Accept

Dented cans were removed from shelf at time of inspection on 10/21/2020 and placed on the dented can shelf. The Dining services Director trained all dining associates on the proper removal of all dented cans upon receipt on 10/26/2020. The Dining services director will audit the supply of canned goods upon delivery to ensure that any dented cans are removed and placed on the dented can shelf. The Dining Services Director will audit the kitchen supply closet of canned goods weekly to ensure that there are no dented cans on the shelf.

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/21/20 at 10:30 AM, there was full accumulation of lint in the lint trap of the dryer located on the first floor in memory care. There were no clothes in the dryer at the time.

Plan of Correction

Accept

Lint was removed on site during the inspection on 10/21/2020. Resident assistants are responsible to clean the lint trap after each use. The Wellspring Village Director posted a sign above the dryer reminding the resident assistants that the lint trap must be cleaned after each use on 10/21/2020. Each associate will sign off on the lint log posted near the dryer after each use of the dryer with their name, date and time they removed the lint from the dryer. . The Wellspring Village director will conduct a weekly check of the dryer for lint and will also check the lint log weekly to ensure that staff is signing off on the lint log after each use. All staff was trained on these procedures on 10/26/2020

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

185a - Implement Storage Procedures

1. Requirements

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

Resident #3's glucometer was not calibrated to the correct time. On 10/22/20 at 10:19 AM, the glucometer read 09:10 AM.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Glucometer times were all changed on 10/23/20. Health and Wellness Team has entered on EMR a date and time check for accuracy on the glucometer, with each blood sugar check. They will notify nursing if unable to correct time or date. Nursing will monitor compliance on monthly MAR reviews.

Completion Date: 11/06/2020

Document Submission

Implemented

see attached documents

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 and #2, admitted [redacted]/2020 and [redacted]/2020 respectively, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

Administration personnel obtained residents signatures on 10/22/20, Training was conducted for all administration personnel on notification of residents rights and admission processes. Personnel completing the admission process will ensure that signatures are obtained by reviewing the administration packet after completion. The Business Office Manager will review all admission packets for required signatures monthly. Should there be a staffing issue the Concierge will assume responsibility of this task. Training for this was completed on 10/26/2020

Completion Date: 10/26/2020

Document Submission

Implemented

see attached documents

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #4's support plan dated 10/11/2020 was not signed by the resident. The home did not make a notation regarding the resident's ability or refusal to participate and/or sign.

227h - Support Plan Refuse Sign (continued)

Plan of Correction

Accept

WSV Director did review the assessment and service plan with Resident #4 and the resident signed on 10/22/20. WSV Director was educated on 10/22/20 by the Health Services Director on the importance of noting the residents ability or refusal to sign on the service plan. The WSV director will monitor all assessments and service plan s monthly for signatures, or documentation of refusal and review this information monthly at the Safety Meeting x 6 months.

Completion Date: 10/22/2020

Document Submission

Implemented

see attached documents

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2018; however, the resident’s medical evaluation was completed on [REDACTED]/2018.

Plan of Correction

Accept

The HSD will monitor all DME's for medical evaluation dates to be within 60 days of all new admissions as well as internal moves to WSV. The HSD will complete monthly audits of all new admissions and internal moves for compliance x 6 months.

Completion Date: 10/25/2020

Document Submission

Implemented

see attached documents