

Department of Human Services
Bureau of Human Service Licensing

August 3, 2021

[REDACTED]
BRIGHTVIEW WAYNE LLC
[REDACTED]
[REDACTED]

RE: BRIGHTVIEW DEVON
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087
LICENSE/COC#: 14459

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2021, 06/15/2021 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 DEVON* License #: *14459* License Expiration Date: *07/24/2021*
Address: *301 EAST CONESTOGA ROAD, WAYNE, PA 19087*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *4845190097* Email: [REDACTED]

Legal Entity

Name: *BRIGHTVIEW WAYNE LLC*
Address: [REDACTED]
Phone: *4845190097* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *03/13/2019* Issued By: *Tredyffrin TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/15/2021*

Inspection Dates and Department Representative

06/14/2021 - On-Site: [REDACTED]
06/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *Wellspring* Capacity: *32* Residents Served: *21*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *53* Have Physical Disability: *0*

Inspections / Reviews

06/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2021*

7/14/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2021*

8/3/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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 [REDACTED]/2021, for resident #1 was not signed by the resident.

Plan of Correction

Accept

E.D. or designee will ensure residency agreements are signed by the resident in the event a resident is not present at time of lease signing. Audit will be completed on each resident file by Business Office Director prior to file placed in active resident storage moving forward. (attachment #1)

Completion Date: 06/29/2021

Document Submission

Implemented

Audit initiated for all new resident files on 6/29/2021. Audit on existing files completed 7/27/2021

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.

Description of Violation

Resident #1'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

E.D. or designee will ensure residency agreements (which include a signature page for resident rights) are signed by the resident in the event a resident is not present at time of lease signing. Audit will be completed on each resident file by Business Office Director prior to file placed in active resident storage moving forward. (attachment #1)

Completion Date: 07/09/2021

Document Submission

Implemented

Audit of all existing resident agreements completed.

82c - Locking Poisonous Materials

1. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c - Locking Poisonous Materials (continued)

Description of Violation

A bottle of Spic&Span disinfectant spray, with a manufacture's label indicating "if ingestion or eye contact occurs, contact poison control or a doctor for treatment advice", was unlocked, unattended, and accessible to residents in one of the cupboards in the home's Wellspring village cafe. [REDACTED] fluoride toothpaste with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away" was in the bathroom of resident room #1 and room #8. Not all the residents of the home, including the residents of room #1 and #8 , have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

On 6/15/2021 a full inspection of Wellspring Village, the secured dementia neighborhood, was completed by the memory care director to ensure there were no other unsecured materials. On 6/29/2021 an inservice was conducted to instruct all associates that work in memory care, with residents that are unable to recognize and use poisons safely Environmental Safety (attachment #4). To prevent this from reoccurring, environmental rounds will be conducted twice daily by the nurse. The Health Services Director will be responsible for monitoring that the rounds are completed. Resident families were updated on what to look for with regards to hazardous/poisonous materials, including materials that suggest "All Natural" when providing toiletries and other products to residents. (Attachment #3)

Completion Date: 07/02/2021

Document Submission

Implemented

All education and inservicing of staff completed and resident families educated.

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 06/15/2021 at 10:30 AM. there were uncovered trays of frozen flounder and shrimp stored in the kitchen walk-in refrigerator. They are in the process of being defrosted. There were 6 frozen whole apple pies in the walk-in freezer in the dry storage area without any plastic cover.

Plan of Correction

Accept

BV Devon cooks will be re-educated on date marking of potentially hazardous foods (attachment #5), cooking of potentially hazardous foods (attachment #6) as well as holding hot and cold potentially hazardous foods (attachment #7) Completed 6/29/2021.

Food storage audit will be completed daily for the month of July 2021 to ensure full compliance with policies moving forward.

Completion Date: 07/31/2021

Document Submission

Implemented

Food storage audit completed daily for July to ensure full compliance of policies.

103g - Storing Food

1. Requirements

103g - Storing Food (continued)

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The ice-cream tubs in the ice-cream freezer in the kitchen were open with no lids on.

Plan of Correction

Accept

*Cooks will be re-educated on storage of goods (attachment #8) to ensure foods are stored in properly closed or sealed containers. Completed 6/29/2021
Food storage audit will be completed daily at end of shift to ensure full compliance of food storage policies moving forward. (attachment #9)
Completion Date: 07/31/2021*

Document Submission

Implemented

Food storage audit completed daily for July to ensure full compliance of policies.

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

*There were two small unlabeled, undated stainless steel containers with left-over raw beef and cooked chicken breast in the walk-in refrigerator in the dry-storage area. Several gallon size Ken's salad dressing and mayonnaise containers were in the condiment refrigerator without a label showing the open date. A large stainless steel container with several zip-lock bags with chicken wings was in the same refrigerator without any label.
In the fresh produce refrigerator, 3 pint-size clear strawberry containers were observed with mold.*

Plan of Correction

Accept

*Cooks will be re-educated on storage of goods (attachment #8) to ensure foods are stored in properly closed or sealed containers. Completed 6/29/2021
Food storage audit will be completed daily at end of shift to ensure full compliance of food storage policies moving forward. (attachment #9)
Completion Date: 07/31/2021*

Document Submission

Implemented

Food storage audit completed daily for July to ensure full compliance of policies.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, or submitted since 10/01/2019.

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction****Accept**

E.D. and designee will set calendar reminders to request EPP review by local emergency management agency for May 2022 to ensure time for completion and compliance for year 2022 and 1st quarter of 2023.

Review completed 6/29/2021 for 2021 & 1st quarter 2022 (attachment #10)

Completion Date: 06/29/2021

Document Submission**Implemented**

Calendar reminders set and existing EPP was reviewed and signed off by local emergency management.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/15/2021, Latanoprost Opht 0.005% with an open date of 04/13/2021, prescribed for resident #1, was in the home's med cart; the medication should have been discarded 6 weeks after opening.

Plan of Correction**Accept**

Expired Latanoprost was discarded and replaced on 6/15/2021. On 6/29/2021 all Med Techs were inserviced on checking expiration dates on all medications prior to administration. (Attachments #11 &12) Wellness nurse will conduct weekly medication cart checks x 3 months to monitor for compliance and, if compliant, will continue monthly medication cart checks.

Completion Date: 06/29/2021

Document Submission**Implemented**

Education provided and audits initiated per plan

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

On 06/15/2021, the glucometers for resident #2 and #3 were not calibrated to correct date and time.

Plan of Correction**Accept**

On 6/15, all glucometers were calibrated with the accurate time and date. On 6/29/21 all nurses and med techs were inserviced on how to calibrate glucometers and for the need to check for the correct time and date prior to each use of glucometer. Wellness nurse will check accuracy of calibration weekly x 3 months and then, if compliant, monthly thereafter. (Attachment #13)

Completion Date: 06/29/2021

Document Submission**Implemented**

Education provided and audits initiated per plan

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 06/15/2021 at 12:00 PM, the narcotic counts for resident #1's Modafinil 100 mg and resident #2's Lorazepam 0.5 mg were short by 1 pill each. Staff A administered the medication to each resident at 08:00 AM but did not document the administration on the narcotics control log.

Plan of Correction

Accept

All med techs and nurses were reinstructed on the Medication Administration and Controlled Substances Policy on 6/29. (Attachments #11 & 12) Health Services Director will audit documentation on narcotic count sheets and EMAR weekly x 8 weeks. If compliant, ongoing monitoring of documentation on narcotic count sheets and EMAR will be conducted monthly by the Health Services Director or Wellness Nurse.

Completion Date: 06/29/2021

Document Submission

Implemented

Education provided and audits initiated

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Lorazepam 0.5 mg as needed (PRN). Resident #2's May medication administration record (MAR) does not include the initials of the staff person who administered this med on 05/02/2021 at 08:45 PM.

Plan of Correction

Accept

All med techs and nurses were reinstructed on the Medication Administration and Controlled Substances Policy on 6/29. (Attachments #11 & 12) Health Services Director will audit documentation on narcotic count sheets and EMAR weekly x 8 weeks. If compliant, ongoing monitoring of documentation on narcotic count sheets and EMAR will be conducted monthly by the Health Services Director or Wellness Nurse.

Completion Date: 06/29/2021

Document Submission

Implemented

Education provided and audits initiated

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.

191 - Resident Right to Refuse (continued)

Description of Violation

Resident #1, admitted [REDACTED]/2021, has 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

E.D. or designee will ensure residency agreements are signed by the resident in the event a resident is not present at time of lease signing. Audit will be completed on each resident file by Business Office Director prior to file placed in active resident storage moving forward. (attachment #1)

Completion Date: 07/29/2021

Document Submission

Implemented

Audit on existing residents completed and will audit each new resident ongoing

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated [REDACTED]2020, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

An audit of all existing PC resident records will be completed by 7/31/2021 to determine if Part III: Determination was left unanswered. Pre-Admission Screening forms will be completed by hand rather than generated by electronic health record until all mandatory sections of the screening form map correctly from EHR to the state form. The Health Service Director will be responsible for reviewing all Pre-Admission Screening forms for completeness prior to a resident moving into the community.

Completion Date: 07/31/2021

Document Submission

Implemented

Audit completed and HSD has initiated hand written pre-admission screen forms

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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2019; however, the resident's medical evaluation was completed on [REDACTED]/2019.

231b - Medical Evaluation (continued)**Plan of Correction****Accept**

Health Service Director and a second person designated by the Health Services Director will review the medical evaluation prior to move in, to ensure completion compliance within 60 days prior to admission.

Completion Date: 06/29/2021

Document Submission**Implemented**

HSD, Sales Director and ED have initiated second person checks to ensure compliance