



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 2, 2022**

[REDACTED]  
[REDACTED]  
AB East Norriton Operator, LLC  
[REDACTED]  
[REDACTED]

RE: Brandywine Senior Living at Senior Suites  
2101 New Hope Street  
East Norriton, Pennsylvania 19401  
License #: 144251

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection February 28, 2022, March 30, 2022, April 20, 21, 27, and 28, 2022, June 1, 16, and 17, 2022, and July 15, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 144250 dated May 31, 2022 to May 31, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 31, 2022 to May 31, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(1) ;(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 2, 2022 to May 2, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.


55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187(a)	II	89	\$5	\$445	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-214-1304

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Jamie F. Buchenauer*

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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: *05/31/2023*  
Address: *2101 NEW HOPE STREET, EAST NORRITON, PA 19401*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *AB EAST NORRITON OPERATOR LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/28/2022*

**Inspection Dates and Department Representative**

02/28/2022 - On-Site: [REDACTED]  
03/30/2022 - Off-Site: [REDACTED]  
04/20/2022 - Off-Site: [REDACTED]  
04/21/2022 - Off-Site: [REDACTED]  
04/27/2022 - Off-Site: [REDACTED]  
04/28/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *245* Residents Served: *85*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *3rd fl. Reflections* Capacity: *50* Residents Served: *23*

**Hospice**

Current Residents: *NM*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *40* Have Physical Disability: *0*

## Inspections / Reviews

02/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2022*

06/22/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/27/2022*

10/11/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED], indicates the resident requires assistance with toileting, personal hygiene, and supervision in the home. On 2/20/22, resident #1 did not receive care as documented in the support plan. Resident #1 is incontinent and wears adult underwear and requires toileting, routine changes for bladder and bowel management including hygienic care. Resident #1 also requires supervision in the home and is a fall risk that requires monitoring.

Based on staff interviews, staff person A failed to provide toileting and routine hygienic care for resident #1. On [REDACTED], staff person A worked 7:00am - 7:00pm. Staff person A confirmed and stated that resident #1 wears adult underwear but stated they did not change or provide routine toileting or hygienic care for resident #1 during their shift. Staff person A stated they only provide hygienic care when resident #1 has a bowel movement and can be smelled.

Staff person B worked on [REDACTED] from 11:00pm - 7:00am. Staff person B did not provide supervision and fall risk monitoring to resident #1. Staff person B stated they do not know what resident #1 looks like. Staff person B stated during room checks resident #1 was not in the room. Staff person B stated they told the nurse but did not follow-up to locate resident #1.

Plan of Correction

Accept

On 5/17/2022, care staff members were in-serviced by the Executive Director on resident care and delivering care as indicated in the RASP. The Executive Director will continue to conduct similar in-servicing every quarter for one year. This topic remains on the annual training calendar for delivery by the Executive Director, Wellness Director, or designee for ongoing compliance.

Completed: 5/17/2022, Quarterly for one year, and ongoing annually.

Not [REDACTED] 08-19-22  
plemented

Completion Date: Licensee's Proposed Date for POC Implementation 05-17-22

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 [REDACTED] at approximately 9:00am resident #1 was found deceased [REDACTED] by staff person C. The outside temperature on [REDACTED] was a high of 38 degrees Fahrenheit, and a low of 22 degrees Fahrenheit.

The death certificate for resident #1 determined an accidental death, with the immediate cause of death atherosclerotic cardiovascular disease; with environmental hypothermia being the significant condition contributing to death, due to exposure to the elements.

**42b - Abuse (continued)**

The door alarm was activated on [REDACTED] at 5:49pm and 6:14pm. This is the exit by the rear elevator lobby or (back service door). This hallway leads to and from the dining room and the back service exterior door where resident #1 was found. The alarm on the door is alerted on the computer system and the Pagers when opened. Staff person A stated they do not recall the alarm or pager going off to alert that the door was opened. Staff person A worked on [REDACTED] from 7:39am – 7:08pm and was the direct care worker responsible for resident #1's care and was also responsible for the Pager. Staff person A stated they last saw resident #1 after dinner around 5:45pm.

Staff person B worked on [REDACTED] from 11:pm – 7:00am and was the direct care worker responsible for resident #1's care. Staff person B stated they went into resident #1's room during their shift and did not see resident #1. Staff person B reported to the nurse that resident #1 was not in their bedroom but admitted they did not know what the resident looked like. Staff person B stated the practiced procedure is room checks at 3:00am, 5:00am and 7:00am. Staff person B stated they told the nurse that resident #1 was not in the room. However, no one followed-up to locate resident #1. Staff person D also confirmed policy is to check rooms every two hours.

On the morning of [REDACTED], the day resident #1 was found. Staff person C stated resident #1's bed was still made as if no one slept in it. Staff person C stated that resident #1 was at times forgetful but would usually follow directions.

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

The Community installed an "Exit Stopper" audible door alarm at the subject door as an added alert in the event the door is breached. This alarm remains audible until cleared at the location. The key for resetting the alarm is held only by a maintenance team member and the nurse on duty. Additionally, the Executive Director in-serviced the staff on 6/15/2022 regarding checking and clearing door alarms that are activated. This training will be completed quarterly for one year and remains a topic on the Community's annual training schedule.

Completed: Immediately; 6/15/2022; and Quarterly for one year. See attached picture and sign-in sheets.

The Community posted a sign on the subject door indicating, "Emergency Exit Only."

Completed: Immediately. See attached picture.

The Community had a vendor assess the building and provide a quote for installing security cameras on the exterior perimeter. Cameras and related equipment have been ordered, and the vendor is contracted to complete the installation.

Completed: 3/20/22 with installation upon receipt of equipment. See attached for the quote for camera equipment and installation.

The Community also ordered a Mag Lock for the subject door, along with a panic bar that will release upon a fire alarm and complies with township fire regulations. The vendor has ordered the equipment and it was installed in the community on 6/21/2022.

Completed: 3/7/2022 with final installation taking place on 6/21/22. See attached quote and email correspondence from the vendor regarding timing in procurement.

42b - Abuse (continued)

On 5/17/2022, staff members were in-serviced by the Executive Director on Resident's Rights. This topic also remains on the annual training calendar, to be conducted by the Executive Director, Wellness Director, or designee for ongoing compliance.

Completed: 5/17/2022 and ongoing annually. See the training sheet and annual calendar attached.

On 6/15/2022, the staff members were in-serviced on procedures for checking on residents during the night when a RASP includes an identified need for overnight checks.

Completed: 6/15/2022

On 6/16/2015, the Wellness Director and Assistant Wellness Director were in-serviced that the Community does not have a policy requiring 2-hour checks. The Community's policy provides that if a resident requires such frequent checks, it would be stated in their assessment and support plan, and the Community would put a specific service plan in place.

Completed: 6/16/2022. See attached email from [REDACTED] to [REDACTED] on 4/4/2022 regarding the frequency of resident checks and the Community's policy.

Completion Date: Licensee's Proposed Date for POC Implementation 06-15-22

■ 08-19-22  
Not Implemented