



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: *124* Waking Staff: *93*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *06/01/2022*

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *245* Residents Served: *91*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *50* Residents Served: *29*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33* Have Physical Disability: *2*

Inspections / Reviews

06/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2022*

Inspections / Reviews (*continued*)

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:

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/19/22, Resident #1 was not administered Simethicone 125 mg and Olopatadine Drops 0.1% because the medications were not in home. The home did not report this medication error to the department.

Plan of Correction

Directed

Upon discovery during an inspection visit on 6/1/22 the medication error incident for Resident #1 was filed with BHSL. Report attached.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

█ - DPOC -06-22-2022

Staff to be trained on incident reporting within 7 calendar days receipt of this POC. Home will ensure incident reports are submitted to the Department within 24 hours in accordance with regulation 2600.16c

Completion Date: Licensee's Proposed Date for POC Implementation 06-29-22

█ 08-19-22
Not Implemented

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated █, for Resident #2 indicates the resident requires assistance with Personal Hygiene. The resident's assessment and support plan indicates the resident will have 2 showers per week. The resident has lived in the home since █ and has only received four showers.

Plan of Correction

Accept

On 6/2/2022 at community team members were in-serviced on regulation 23.a. in regards to resident assistance with ADLs as indicated in their plan.

A complete audit of shower and laundry days was completed by the Wellness Director for all residents living in the community to ensure all were scheduled appropriately (see attached form).

23a - Activities of Daily Living Assistance (continued)

Resident #2 was found to have [redacted] showers scheduled for every Thursday and Sunday in the evening. The Wellness Director and Assistant Wellness Director met with the resident to ensure this remained [redacted] preference on [redacted].

The Wellness Director and Assistant Wellness Director then audited the electronic charting program to ensure that all residents shower and laundry days were present in the system so that the Wellness Nurses are able to verify and sign off with the Care Mangers at each shift to document completion and/or refusal of care when scheduled.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, 6/15/2022 and quarterly for POC review. .

Completion Date: Licensee's Proposed Date for POC Implementation 06-29-22

[redacted] 08-19-22

Document Submission

Implemented

On 6/2/2022 at community team members were in-serviced on regulation 23.a. in regards to resident assistance with ADLs as indicated in their plan.

A complete audit of shower and laundry days was completed by the Wellness Director for all residents living in the community to ensure all were scheduled appropriately (see attached form).

Resident #2 was found to have [redacted] showers scheduled for every Thursday and Sunday in the evening. The Wellness Director and Assistant Wellness Director met with the resident to ensure this remained [redacted] preference on [redacted].

The Wellness Director and Assistant Wellness Director then audited the electronic charting program to ensure that all residents shower and laundry days were present in the system so that the Wellness Nurses are able to verify and sign off with the Care Mangers at each shift to document completion and/or refusal of care when scheduled.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, 6/15/2022 and quarterly for POC review. .

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 5/24/22 resident #1's glucometer reads 128, the resident's blood sugar log reads 127.

On 5/31/22 resident #1's glucometer reads 172, the resident's blood sugar log reads 173.

Plan of Correction

Accept

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 185a regarding the safe storage, access, security, distribution and use of medications.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and

185a - Implement Storage Procedures (continued)

information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

Completion Date: Licensee's Proposed Date for POC Implementation 06-02-22

08-19-22
Not Implemented

2. 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 is prescribed Benzonatate 100 MG as needed. On 6/1/22 the medication was not available in the home.

Plan of Correction

Accept

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 185a regarding the safe storage, access, security, distribution and use of medications.

Upon discovery the medication (Benzonatate 100mg) was immediately requested from the pharmacy and was present in the community on 6/2/2022.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

Completion Date: Licensee's Proposed Date for POC Implementation 06-02-22

08-19-22
Not Implemented

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 5/20/22 at 8:46 pm, Resident #1 refused to take scheduled doses of Bumetanide Tab 2 MG and Gabapentin 300 MG. The home did not report the refusal to the prescriber.

On 5/31/22 at 11:18 am, Resident #1 refused to take a scheduled dose of Olopatadine Drops 0.1%. The home did not

187c - Refusal of Medication (continued)

report the refusal to the prescriber.

On 5/2/22, 5/3/22, 5/7/22, 5/12/22, 5/17/22, and 5/26/22, Resident #2 refused to take scheduled doses of Repaglinide 1 MG. The home did not report the refusal to the prescriber.

On 5/16/22 at 1:52 pm, Resident #2 refused to take a scheduled dose of Ferrous Sulfate 325 MG. The home did not report the refusal to the prescriber.

On 5/2/22 at 12:00 pm, Resident #3 refused to take scheduled doses of Benazepril 5 MG, Omeprazole 20 MG, Eliquis 5 MG, Aspirin Low Ta 81 MG, Metoprolol Tab 25 MG, Vitamin B-1, Synjardy, Gabapentin 800 MG, Soliqua Inj, and Maxorb ILMis Alginate. The home did not report the refusal to the prescriber.

On 5/14/22 at 9:51 am, Resident #3 refused to take a scheduled dose of Oxycontin 10 MG. The home did not report the refusal to the prescriber.

On 5/14/22 at 8:42 pm, Resident #3 refused to take a scheduled dose of Senna Tab 8.6 MG. The home did not report the refusal to the prescriber.

On 5/17/22 at 2:07 pm, Resident #3 refused to take a scheduled dose of Gabapentin 800 MG. The home did not report the refusal to the prescriber.

On 5/19/22, and 5/24/22, Resident #3 refused to take scheduled doses of Polyeth Glyc Powder. The home did not report the refusal to the prescriber.

On 5/21/22 at 3:12 pm, Resident #3 refused to take a scheduled dose of Gabapentin 800 MG. The home did not report the refusal to the prescriber.

Plan of Correction**Accept**

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 187c. regarding following the directions of the prescriber.

Any refusal of medication will be immediately documented on the Refusal of Medications form and transmitted to the prescriber for further review and direction regarding treatment. The responsible party for the resident will also be notified to discuss the circumstances surrounding the refusal of medication.

The Wellness Nurse, Wellness Director or designee will audit any documented refusals of medication weekly for the next three months to ensure that the appropriate form was completed and notifications were made to the physician and RP.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review. **Completion Date:** Licensee's Proposed Date for POC Implementation 06-02-22

■ 08-19-22

Not Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Simethicone 125 mg and Olopatadine Drops 0.1% . However, this medication was not administered to resident #1 on 5/19/22 because the medication was not available in the home.

Plan of Correction**Accept**

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 187d regarding following the directions of the prescriber.

The medication Simethicone 125mg and Olopatadine Drops 0.1% were present and available for administration beginning on 5/20/22.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

Completion Date: Licensee's Proposed Date for POC Implementation 06-02-22

■ 08-19-22
Not Implemented

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed blood glucose checks beginning 5/12/22. The order states "check fasting blood sugar" However, resident #2 did not begin receiving blood glucose checks until 5/28/22. Additionally, Resident #2's Medication Administration Record shows that on 5/30/22 blood glucose was checked at 10:46 am (after breakfast) , on 5/31/22 blood glucose was checked at 12:00 pm (after breakfast), and on 6/1/22 blood glucose was checked at 9:26 am with a note that resident started a meal.

Plan of Correction**Accept**

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 187d regarding following the directions of the prescriber.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

187d - Follow Prescriber's Orders (continued)

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

8-19-22
Not Implemented

Completion Date: Licensee's Proposed Date for POC Implementation 06-02-22

188b - Medication Error

1. Requirements

2600.

188.b.: A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Simethicone 125 mg and Olopatadine Drops 0.1% . However, this medication was not administered to resident #1 on 5/19/22 because the medication was not available in the home. This medication error was not reported to the resident, the resident's designated person and the prescriber.

Plan of Correction

Accept

Upon discovery during the inspection visit on 6/1/22 the medication error incident for Resident #1 was filed with BHSL. Report attached. Both the resident's PCP and the resident's responsible party were notified on 6/2/2022.

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 188b regarding following the directions of the prescriber.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC review.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

8-19-22

Completion Date: Licensee's Proposed Date for POC Implementation 06-02-2022

Not Implemented

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

Description of Violation

Resident #3 is prescribed Novolog Flexpen with the following sliding scale order:

Four times daily <70= call MD, 151-200= 2u, 201-250= 4u, 251-300= 6u, 301-350= 8u, 351-400= 10u, >400= 12u and call MD. However, the resident's medication administration record does not indicate the units of insulin administered.

Repeat Violation: 2/3/21 et al.

Plan of Correction**Accept**

Upon discovery the Wellness Director audited all resident MARS with sliding scale insulin to ensure that the ability to record the insulin dosage at the time of administration was present. This was found present for all resident's with sliding scale insulin except Resident #3. This was rectified for Resident #3 immediately on 6/2/2022.

On 6/2/2022 all Wellness nurses were in-serviced by the Assistant Wellness Director in regulation 187a regarding following the directions of the prescriber.

The Wellness Nurse, Wellness Director or designee will check for the correct dates, readings, medication and information on a weekly basis for the next three months. This will be recorded on the audit form attached.

Overnight Wellness Nurses or designee will audit the Medication Administration Record and Medication Carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at the Quarterly Quality Improvement meeting.

Completion Date: 6/2/2022, weekly, monthly and quarterly for POC

review. Completion Date: Licensee's Proposed Date for POC Implementation 06-02-22

■ 08-19-22
Not Implemented