

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

December 9, 2022

[REDACTED], VICE PRESIDENT
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
Claire Mendez

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRIGHTVIEW EAST NORRITON* License #: *14075* License Expiration: *07/31/2023*
 Address: *300 EAST GERMANTOWN PIKE, EAST NORRITON, PA 19401*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *BH BRIGHTVIEW EAST NORRITON OPCO LLC*
 Address: *300 EAST GERMANTOWN PIKE, EAST NORRITON, PA, 19401*
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/03/2022*

Inspection Dates and Department Representative

08/03/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *48*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Wellspring Village* Capacity: *24* Residents Served: *19*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

08/03/2022 Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2022*

08/30/2022 - POC Submission

Submitted By: [Redacted] Date Submitted: *12/08/2022*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

Inspections / Reviews (*continued*)

09/06/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2022

12/09/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED], does not include the Resident's need of agitation and aggression.

POC Submission

Accept [REDACTED] - 09/06/2022)

Health Services Director(HSD) reviewed the assessment with the Wellspring Village Director(WVD) on 8/4/22 and changes were made on the assessment reflecting agitation and aggression. The HSD and WVD will audit all assessment forms to ensure they are accurate by 9/14/22.

Going forward all new significant changes in assessments will be audited by the Health services Director and Wellness nurses within 15 days after the significant change has taken place.

After 15 day audit, assessment will be monitored by nursing team every 6 months for any changes and for all new change of status.

The ED will meet with the HSD on the 3rd Wednesday of the month starting on 8/17/22 to ensure that the audits are being completed

Licensee's Plan Completion Date: 09/14/2022

Implemented [REDACTED] - 12/09/2022)

225c - Additional Assessment

2. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident # 2's most recent assessment was on [REDACTED]. The home did not complete an assessment following Resident #2's altercation with another resident which occurred on [REDACTED].

POC Submission

Accept [REDACTED] - 09/06/2022)

Care plan was updated and noted on RASP on [REDACTED] by the Health Service Director to reflect the altercation between resident 1 and Resident 2. The health Services director trained all Nursing staff on 8/8/2022 the expectation of updating and noting assessments with any change of conditions.

The ED will follow up with the HSD on the 3rd Wednesday of each month starting on 8/17/22 to review any new significant changes for any resident who have resulted in a reassessment.

Licensee's Plan Completion Date: 09/06/2022

Implemented [REDACTED] - 12/09/2022)

227b - Support Plan Content

3. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

Resident #2's support plan, dated [REDACTED], indicates that the resident experiences hallucinations and delusions. The support plan does not indicate how the home plans to address this need.

POC Submission

Accept ([REDACTED] - 09/06/2022)

The HSD added the plans to address the residents needs on [REDACTED]. The HSD will ensure that all support plans indicate how we are addressing any change in conditions of residents. The Executive Director will follow up with the HSD on the third Wednesday of each month starting on 8/17/22 to ensure that all change of conditions with residents have resulted in a reassessment and shows changes that were made to address their needs.

Licensee's Plan Completion Date: 09/06/2022

Implemented ([REDACTED] - 12/09/2022)