

Department of Human Services
Bureau of Human Service Licensing

November 16, 2022

[REDACTED]

BRIGHTVIEW WAYNE LLC
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087

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 09/26/2022 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BRIGHTVIEW DEVON* License #: *14459* License Expiration: *07/24/2023*
Address: *301 EAST CONESTOGA ROAD, WAYNE, PA 19087*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BRIGHTVIEW WAYNE LLC*
Address: *301 EAST CONESTOGA ROAD, WAYNE, PA, 19087*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/26/2022*

Inspection Dates and Department Representative

09/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *25* Residents Served: *24*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *2*

Inspections / Reviews

09/26/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2022*

Inspections / Reviews (*continued*)

10/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/02/2022

11/02/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/12/2022

11/16/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On [redacted]/22, at [redacted] am, there were two delivery workers from Raymour & Flanigan delivering furniture to room [redacted]. The workers did not have a criminal background check on file with the home and were not escorted by staff.

Plan of Correction

Accept ([redacted] 11/02/2022)

All visitors to the community must stop at the front desk to be signed into the community and receive a visitor badge. The concierge team will receive a retraining to ensure that all visitors are signed into the community on 10.26.22. Any contracted employee that will have direct contact with residents will be escorted by a Brightview associate. The maintenance director and business office director will coordinate their teams to make sure a contracted employee is supervised during their visit of the community by 11.4.22. All Brightview Devon employees complete a criminal history check during the hiring process. All criminal history checks are available via the employee human resource file.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented ([redacted] - 11/16/2022)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/26/22, the freezer located in the kitchenette on the 2nd floor was unclean and stained by spills.

POC Submission

Accept ([redacted] - 10/28/2022)

The kitchenette was on the 3rd floor of the community. The freezer in the kitchenette on the 3rd floor was cleaned on day of survey 9.26.22. Freezers are maintained daily by dining associates. The freezers will be monitored daily by assigned dining associates and cleaned if unclean or stained by spills. Monitoring and cleaning protocols will be reviewed/retrained with dining associates by 10.31.22. The Dining Services Director or designee will monitor compliance by checking freezers during kitchen rounds.

Licensee's Plan Completion Date: 10/31/2022

Implemented ([redacted] 11/16/2022)

88a - Surfaces

3. Requirements

2600.

88a - Surfaces (continued)

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The floor in the kitchenette on the 2nd floor common area was sticky.

POC Submission

Accept (████ - 10/28/2022)

The kitchenette was on the 3rd floor of the community.

The floor was mopped and cleaned on the day of the survey 9.26.22.

Floors are mopped daily by the housekeeping associates. The common areas will be monitored daily by the assigned associates and cleaned if necessary. Monitoring and cleaning protocols will be reviewed/retrained with housekeeping associates by 10.31.22.

Licensee's Plan Completion Date: 10/31/2022

Implemented (████ - 11/16/2022)

102k - No Common Towel

4. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

There was a used towel in the bathroom of room █████ There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in this bathroom.

POC Submission

Accept (████ - 10/28/2022)

A hand towel was provided to the resident the day of the survey 9.26.22. Residents have access to clean towels daily. All residents are provided a set of towels to be used in their private bathroom in their private apartment home. Used towels are not shared between residents. Associates will ensure that residents have a set of towels in their apartment home during their daily apartment inspection. Associates will review the apartment inspection protocol to ensure towels are present by 10.31.22.

Licensee's Plan Completion Date: 10/31/2022

Implemented (████ - 11/16/2022)

103e - Left Overs

5. 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

There were containers of food in the freezer located on the 2nd floor kitchenette that were unlabeled and undated.

103e - Left Overs (continued)

POC Submission

Accept (MJ - 10/28/2022)

The refrigerator in the kitchenette on the 2nd floor was cleaned on day of survey 9.26.22.

Refrigerators are maintained daily by dining associates. The refrigerator will be monitored daily by assigned dining associates and cleaned if unclean or stained by spills. Monitoring and cleaning protocols will be reviewed/retrained with dining associates by 10.31.22.

The Dining Services Director or designee will monitor compliance by checking freezers during kitchen rounds.

Licensee's Plan Completion Date: 10/31/2022

Implemented (█ - 11/16/2022)

105g - Lint Removal and Duct Cleaning

6. 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 9/26/22, at 10:25 am, there was an approximate 1/4 inch accumulation of lint in the traps of the dryers on the third floor. There were no clothes in the dryer at the time.

POC Submission

Accept (█ - 10/28/2022)

The lint trap was cleaned on the day of the survey 9.26.22.

Lint traps are maintained daily after every load of laundry. Associates will maintain a lint log to document the maintenance. Lint log procedures will be reviewed with the associates by 10.31.22. The Personal Care Director or designee will monitor compliance by checking the lint logs and lint traps on a weekly basis.

Licensee's Plan Completion Date: 10/31/2022

Implemented (█ - 11/16/2022)

124 - Notice to Fire Department

7. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

POC Submission

Accept (█ - 10/28/2022)

A monthly email has been developed to include a map of the building and a description of the residents in need of assistance in an evacuation. The Health Service Director or designee will be responsible for updating the local fire department with the community address, map of apartment homes and the assistance needed for residents. Email will be sent on the first of the month.

Licensee's Plan Completion Date: 11/01/2022

124 - Notice to Fire Department (continued)

Implemented ([REDACTED] - 11/16/2022)

182c - Medication Administration

8. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On [REDACTED] 22, at [REDACTED] pm, during the medication observation staff person A, administered [REDACTED] to resident#1, without performing the "five rights":

- The right resident
- The right medication
- The right dose
- The right route
- The right time.

POC Submission

Accept ([REDACTED] - 10/28/2022)

Health Service Director provided verbal education to staff person A on 9.26.22 reviewing the "five rights" of medication administration.

A review of proper medication administration was conducted with staff person A on the day of the survey. The Health Service Director will perform a weekly medication observation for staff person A for 4 weeks, October 31, 2022 – November 11, 2022.

Licensee's Plan Completion Date: 11/11/2022

Implemented ([REDACTED] - 11/16/2022)