

Department of Human Services
Bureau of Human Service Licensing

November 29, 2022

[REDACTED]
AB EAST NORRITON OPERATOR LLC
[REDACTED]
[REDACTED]

RE: BRANDYWINE SENIOR LIVING AT
SENIOR SUITES
2101 NEW HOPE STREET
EAST NORRITON, PA, 19401
LICENSE/COC#: 14425

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2022 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: *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

Type: *C-2 LP* Date: *10/27/2003* Issued By: *Commonwealth of Pennsylvania*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/19/2022*

Inspection Dates and Department Representative

10/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *245* Residents Served: *87*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *50* Residents Served: *27*

Hospice

Current Residents: *16*

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

10/19/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2022*

11/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/23/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/21/2022

11/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/23/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [REDACTED]/22, resident #1, rolled out the bed and onto the floor. [REDACTED] was then transported to the emergency room via emergency services. The home did not report this incident to the Department.

Plan of Correction

Accept (MJ - 11/15/2022)

The community currently adheres to the reporting requirements stipulated in Regulation 16C and will continue to report incidents accordingly. This reporting is, and will be completed and submitted by the Executive Director, Wellness Director, or designee. Staff who would act as the designee have been re-trained as of November 1st, 2022 on the reportable incident qualifications and reportable time frames. Training on reportable incidents will continue annually on an ongoing basis.

All reportable incidents will be reviewed during Quarterly Quality Improvement meetings for compliance.

Completed: November 1st, 2022 and annual ongoing.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented [REDACTED] - 11/29/2022

82c - Locking Poisonous Materials

2. 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.

Description of Violation

Two "lady speed stick deodorants, with a manufacturer's label indicating "Get medical help or Call Poison Control", was unlocked, unattended, and accessible to resident #1; in the tool box in the bathroom. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 11/15/2022

The Lady Speed Stick deodorant was locked up immediately.

After exit meeting at the conclusion of inspection, Community Operations Manager inspected all reflections apartments to ensure poisonous materials were properly secured.

Wellness Director or designee will inspect apartments weekly for poisonous materials for the next 90 days.

Weekly inspections were instituted November 7th, 2022.

82c - Locking Poisonous Materials (continued)

Wellness Director or designee to use poisonous material audit sheet when performing weekly audits on apartments to ensure that poisonous materials are properly secured.

Weekly audits to begin on November 7th, 2022.

Training on poisonous materials to be completed no later than November 21st, 2022 by the Community Operations Manager.

Violation to be reviewed at Quarterly Quality Improvement meeting on November 16, 2022.

Completed: November 7th, 2022, by November 21st, 2022

Licensee's Proposed Overall Completion Date: 11/21/2022

Implemented ([redacted] - 11/29/2022)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1, had an incident of falling out of the bed while sleeping. The home did not implement a safety intervention to modify or eliminate the behavior.

Plan of Correction

Accept ([redacted] - 11/15/2022)

Mattress and box spring were replaced with lower profile alternative to create a safer environment.

Box spring and mattress were replaced on October 20th, 2022.

Beginning on October 20th, 2022, a fall mat was placed by bedside as a safety intervention and will be in place when resident is in bed; Ongoing

RASP was updated to reflect safety interventions on October 20th, 2022.

Completed: October 20th, 2022

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented ([redacted] - 11/29/2022)

234d - Support Plan Revision

4. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on [REDACTED] 22; however, the support plan does not indicate that resident #1 is a fall risk and the intervention to assist with falling.

Plan of Correction*Accept ([REDACTED] - 11/15/2022)*

Wellness Director has updated RASP to reflect fall interventions. RASP update completed on October 20th, 2022.

All RASPs to be audited and reviewed by Wellness designee for accuracy and interventions as related to fall risks or other interventions. Monthly audits to continue for a minimum of three months.

RASP audits to begin by Wellness Director no later than November 18th, 2022.

Violation to be reviewed at Quality Improvement meeting on November 16th, 2022.

Mandatory in-service to be held for all care staff on when and how to report a potential fall risk to Wellness to better identify resident safety concerns. Training to be conducted by Wellness Director, Maxanne Crawford.

Training to be complete no later than November 18th, 2022

Completed: October 20th , by November 18th; ongoing monthly for 3 months.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ([REDACTED] - 11/29/2022)