

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

March 17, 2023

[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 02/01/2023 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

Facility Information

Name: *BRANDYWINE SENIOR LIVING AT SENIOR SUITES* License #: *14425* License Expiration: *05/02/2023*
 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: *05/14/1999* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Fine* Exit Conference Date: *02/13/2023*

Inspection Dates and Department Representative

02/01/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *245* Residents Served: *76*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *40* Residents Served: *25*

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *48* Have Physical Disability: *1*

Inspections / Reviews

02/01/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2023*

02/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/14/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2023*

Inspections / Reviews (*continued*)

02/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/15/2023

03/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [REDACTED] according to a sliding scale :**Blood Sugar Reading of 200 to 250 Inject 2 units, Blood Sugar Reading of 251 to 300 Inject 4 units, Blood Sugar Reading of 301 to 350 Inject 6 units, Blood Sugar Reading of 351 to 400 inject 8 units, Blood Sugar Reading greater than 400 inject 10 units. However, Resident # 1 was administered administered 4 units on 1/5/23 at 6:22 P.M. and Resident # 1 had a blood sugar reading of 132.***Plan of Correction****Accept ([REDACTED] - 02/28/2023)***Resident #1 never received 4 units as listed in the inspection summary and was in fact a transcription error. On 02/01/2023, the wellness nurse added a note in the MAR to document that this was a transcription error and insulin was not administered. Nurse responsible for transcription error was coached by Wellness Director on 02/02/2023 in regards to the importance of proper documentation for residents receiving insulin.**On 02/28/2023 and 03/01/2023, wellness nurses were in-serviced by the Wellness Director on Regulation 2600.187(d) regarding following the directions of the prescriber. Training completed on 03/01/2023.**On 02/28/2023 and 03/01/2023, wellness nurses were in-serviced by the Wellness Director on [REDACTED] doses according to a sliding scale. Training was completed on 03/01/2023.**Wellness Director or wellness designee to complete weekly glucometer audits beginning on 02/10/2023 and continuing for 3 months and ending on 05/10/2023. Wellness Director to complete audits in order to ensure that wellness nurses are accurately recording the appropriate resident blood glucose reading and to ensure there are no transcription errors.**Policy implementation to be reviewed by Wellness Director or Assistant Wellness Director at Quarterly Quality Improvement meeting on 04/12/2023.**Regulation 2600.187(d) to be reviewed by Wellness Director or Assistant Wellness Director at future Quarterly Improvement meetings in spring, summer and fall 2023. Dates to be determined.**Completed: 02/02/2023; by 05/10/2023***Licensee's Proposed Overall Completion Date: 05/10/2023****Implemented ([REDACTED] - 03/17/2023)**