

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

June 30, 2023

[REDACTED]  
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 05/01/2023 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: *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**

Type: *1 2* Date: *02/27/2008* Issued By: *East Norriton Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *100* Waking Staff: *75*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/01/2023*

**Inspection Dates and Department Representative**

*05/01/2023* On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *90* Residents Served: *65*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Wellspring* Capacity: *24* Residents Served: *18*

**Hospice**  
 Current Residents: *3*

**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: *2*  
 Have Mobility Need: *35* Have Physical Disability: *0*

**Inspections / Reviews**

**05/01/2023 - Partial**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2023*

**05/23/2023 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *06/29/2023*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2023*

Inspections / Reviews *(continued)*

05/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/29/2023

06/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/23, at approximately [redacted] pm - [redacted] pm, resident#1 reported to staff member A that on [redacted], 2023, around bedtime, a large Caucasian man enterer resident#1's room and tried to rape resident #1. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27

Plan of Correction

Accept ([redacted] - 05/23/2023)

- Health Service Director called Department of Aging immediately on 4/5/2023 to render a verbal report. Resident 1's allegations of an individual who entered [redacted] apartment on [redacted]/2023 around bedtime. An investigation was started 4/5/2023 including making the primary care physician and responsible party aware of resident's 1's allegations. Physical Assessment performed by nurse on duty with care staff. Skin and physical assessment was normal, and no bruising noted in genital and thigh area. Responsible party was called with suggestion from resident's primary care physician to have resident transferred to hospital which the responsible party and resident denied. An initial state reportable was filed immediately to Southeast Region per regulations.
- Lab test for Urinalysis and culture was obtained per primary care physician and results were reported to positive for a urinary tract infection
- Health Service Director received call from [redacted] Department of Aging on [redacted]/2023 following up on the verbal report regarding an allegation. Health Service Director was instructed to do an incident state reportable. Upon receipt of the urinalysis and culture results, a final state reportable was sent to Southeast region as instructed by [redacted] Dept. of Aging.

Licensee's Proposed Overall Completion Date: 05/22/2023

Implemented ([redacted] 06/30/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [redacted]/21, began providing unsupervised ADL services on [redacted]/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency.

Plan of Correction

Accept ([redacted] - 05/23/2023)

- On [redacted]/2023 Personal Care Director removed staff B from care schedule indefinitely until Staff B could successfully finish and provide [redacted] Direct care certificate upon completion
- Attached is staff B's direct care certificate training and competency Test completion
- Personal Care Director and Wellspring Village Director will immediately implement that new employees and

65d - Initial Direct Care Training (continued)

trainees are to complete the Direct care certificate test day of orientation. New group of orientees are onboarding May 25,2023

- New care associates will not begin on the floor training until certificate is complete and returned to Business office Director. Personal Care Director and Wellspring Village Director will not schedule training shifts until Direct Care certificate is completed and given to Business office Director

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented ( ) - 06/30/2023)

182c Medication Administration

3. Requirements

2600.

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

1. Identify the correct resident.
2. If indicated by the prescriber s orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [redacted] 23 at [redacted] am, the Staff person C did not place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4) for resident #2, who requires this assistance to take [redacted] and [redacted]. During resident#2 interview a cup full of pills was observed in the dining table and resident indicated that the staff person left the cup there for them to take themselves. Resident 2 is not assessed as capable of self administering medications.

Plan of Correction

Accept ( ) - 05/23/2023)

See attached. • Personal Care Director and Health Service Director spoke and educated Staff C in person regarding the 7 rights of medication administration; performance counseling also took place on 5/2/23. Attached is Staff C's performance counseling.

- Review of Medication administration protocol and reporting were discussed during counseling.
- Expectations were detailed in performance review. Overview and discussion had with Staff C regarding medication observation competency.
- Staff C to complete a medication competency every week for 4 weeks starting on [redacted] next scheduled day on 5/23/2023 with delegating nurse and every 3 months thereafter.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented ( ) - 06/30/2023)

225c Additional Assessment

4. Requirements

2600.

225c - Additional Assessment (continued)

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 #1's assessment, dated [redacted]/2022, does not include an assessment for agitation and confusion. Per staff interviews on [redacted]/23, resident#1 has been exhibiting episode of agitation, outburst and confusion.

Plan of Correction

Accept ([redacted] - 05/30/2023)

See attached. • Staff were educated on resident care plan and resident specific needs on 5/5/2023. Attached is staff record of training

- A 6 month assessment was conducted on 4/30/2023 by Health Service Director and Personal Care Director to ensure that care plan was updated to reflect resident's occasional anxiety and occasional hallucinations that leads to agitation. Care staff then educated on this change. Please see attached Service Plan for resident 1
- Health Service Director to audit service plans weekly for 6 weeks to ensure that service plans are reflective of the most current assessment and every 6 months thereafter. This audit is to start on 5/30/2023 weekly x 6 weeks.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented ([redacted] - 06/30/2023)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [redacted]/23, does not indicate the medical diagnosis from the medical evaluation dated [redacted]/22. Resident#1 has diagnosis of [redacted] and [redacted]. The resident's support plan dated [redacted] 23 does not document how this need will be met.

Plan of Correction

Accept ([redacted] - 05/30/2023)

See attached. • Support plan fixed immediately by Health Service Director on 5/1/23 to reflect the medical diagnosis [redacted] for resident 1. Attached service plan for resident 1

- Health Service Director to monitor every 6 months as per Brightview protocol on updating service plan as directed by physician.
- Wellness nurses to audit service plans weekly for 4 weeks to ensure that service plans are appropriately documented with diagnosis and plan to meet the diagnosis. This audit is to start on 5/30/2023 weekly x 4 weeks.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented ([redacted] - 06/30/2023)

227h - Support Plan Refuse Sign

6. Requirements

2600.

227h - Support Plan Refuse Sign (continued)

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident #2 participated in the development of his/her support plan on [REDACTED]/22. The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

**Plan of Correction**

Accept ([REDACTED] - 05/30/2023)

See attached. • Support plan signature box fixed immediately by Personal Care Director on 5/1/2023 to reflect resident 2's refusal to sign support plan. Resident 2's support plan attached.

- Audits will be reviewed monthly on Wednesdays starting on May 24,2023 at QAPI meeting with Executive Director, Assistant Executive Director, Personal Care Director, Wellspring Village Director, and Health Service Director
- Personal Care Director to audit all service plans weekly x 6 weeks starting on 5/30/2023 to ensure that all service plans have documented check off designating whether the resident refused or unable to sign off on care plan.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented ([REDACTED] - 06/30/2023)