

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

August 28, 2023

[REDACTED], REGIONAL VICE PRESIDENT OF OPERATIONS  
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 07/20/2023 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 DEVON* License #: *14459* License Expiration: *07/24/2024*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/13/2019* Issued By: *Tredyffrin Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *132* Waking Staff: *99*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *07/20/2023*

**Inspection Dates and Department Representative**

*07/20/2023 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *95* Residents Served: *68*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Wellspring Village* Capacity: *25* Residents Served: *23*

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *64* Have Physical Disability: *1*

**Inspections / Reviews**

**07/20/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2023*

**08/16/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *08/26/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2023*

Inspections / Reviews *(continued)*

08/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/26/2023

08/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED]/23, at [REDACTED], resident #1 called staff member A into [REDACTED] apartment and stated staff member B was in the resident's apartment the day before and punched [REDACTED] in the arm at around [REDACTED] AM. The home suspended staff member B and brought them back on [REDACTED]/23 without an approved plan of supervision. The Department did not complete the investigation until 07/20/23.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

Administrator and Health Services Director reviewed the process involving both the Area Agency of Aging and PA Department of Health for final disposition regarding an allegation of resident abuse and the return of staff to work completed on 8/4/2023.

Going forward, Health services Director will suspend employee until a complete investigation is done by the Department of Health. The Executive Director will follow up with Health services Director to ensure the suspension remains in place for the necessary timeframe.

Violation, POC and direct care staff required qualifications will be reviewed by the Administrator with all home Directors at the next monthly QAPI/Safety Meeting 8/23/23.

Licensee's Proposed Overall Completion Date: 08/21/2023

[REDACTED] - 08/28/2023)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a U.S. high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

[REDACTED] - 08/23/2023)

Business Office Director conducted an audit of all associate employment files to ensure compliance on July 24, 2023. Administrator initiated waiver process for non-US educational degree on 8/1/2023. Administrator verified with Inspector that Staff B could continue to work while waiver is being processed. [REDACTED]

Moving forward, the Business Office Director, the Administrator in collaboration with the home's Human Resources department reviewed the required PA qualifications for direct care staff persons including the waiver process for non-US educational degrees. Twice a year Business Office Director will audit employee files to ensure training compliance and review audit with Administrator.

54a - Direct Care Staff (continued)

Violation, POC and direct care staff required qualifications will be reviewed by the Administrator with all home Directors at the next monthly QAPI/Safety Meeting 8/23/23.

In addition to the above plan of correction: Staff person B will be removed from the schedule as a direct care staff immediately until waiver is approved. Staff B can work as ancillary staff until waiver is approved. Submit documentation of staff schedule. MJ

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented ( ) - 08/28/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, or meeting the personal care service needs of the resident during training year 2022.

Plan of Correction

Accept ( ) - 08/16/2023)

Administrator and Business Office Director audited Staff B's annual training requirements as of 8/4/2023. Staff B is current for all required training as of 8/4/2023.

Moving forward, an audit of annual training requirements for direct care staff, ancillary staff, substitute personnel and regularly scheduled volunteers will be completed by 8/31/2023 by the Business Office Director and reviewed by the Administrator. Any staff identified will have annual training requirements completed by 9/30/2023. Violation, POC and direct care staff required qualifications will be reviewed by the Administrator with all home Directors at the next monthly QAPI/Safety Meeting 8/23/23.

Licensee's Proposed Overall Completion Date: 08/23/2023

Implemented ( ) - 08/28/2023)

65g - Annual Training Content

4. Requirements

2600.

65g - Annual Training Content (continued)

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
  1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  5. Falls and accident prevention.
  6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, or the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2022.*

**Plan of Correction**

**Accept** [redacted] - 08/16/2023)

*Administrator and Business Office Director audited Staff B's annual training requirements as of 8/4/2023. Staff B is current for all required training as of 8/4/2023.*

*Moving forward, an audit of annual training requirements for direct care staff, ancillary staff, substitute personnel and regularly scheduled volunteers will be completed by 8/31/2023 by the Business Office Director and reviewed by the Administrator. Any staff identified will have annual training requirements completed by 9/30/2023. Violation, POC and direct care staff required qualifications will be reviewed by the Administrator with all home Directors at the next monthly QAPI/Safety Meeting 8/23/23.*

**Licensee's Proposed Overall Completion Date: 08/23/2023**

**Implemented** [redacted] - 08/28/2023)