



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 17, 2024

[REDACTED]
[REDACTED]
BH Brightview East Norriton OPCO, LLC
300 East Germantown Pike
East Norriton, Pennsylvania 19401

RE: Brightview East Norriton
License #: 140751

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection October 2 and 3, 2023 and January 25, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 140750 dated July 31, 2023 to July 31, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated July 31, 2023 to July 31, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 17, 2024 to November 17, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *BRIGHTVIEW EAST NORRITON* License #: *14075* License Expiration: *07/31/2024*
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: *I-2* Date: *02/27/2008* Issued By: *East Norriton Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/03/2023*

Inspection Dates and Department Representative

10/02/2023 - On-Site: [REDACTED]
10/03/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Wellspring* Capacity: *24* Residents Served: *18*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

10/02/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/21/2023*

11/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/14/2023

11/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/14/2023

04/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 8/28/23, at approximately 9:30 pm, staff person A forcefully grabbed resident 1 by the left arm. This incident was observed by staff person B. However, this allegation of abuse was not reported to the local area agency on aging until 9/5/23 at 4:44 pm.

Repeat Violation: 5/1/23

Plan of Correction

Accept [redacted] - 11/06/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2023 by the Health Services Director to report to the local area agency when the incident was reported to the Wellspring Village Director.

To enhance the currently compliant operations:

- 1. on 09/05/2023 the Health Services Director will report any incident immediately to the local area agency when brought to the teams attention, with a completion date of 12/29/2023.
- 2. on 09/05/2023 the Wellspring Village Director and Personal Care Director will in-service Health and Wellness associates by completing Abuse and Neglect trainings during monthly meetings, with a completion date of 12/29/2023.

The overall completion date is 12/29/2023.

Effective 09/05/2023 the Health Services Director will perform monthly review that reeducation was completed through 12/29/2023 to maintain ongoing compliance with immediately reporting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/29/2023

Licensee's Proposed Overall Completion Date: 12/29/2023

Not Implemented [redacted] - 04/15/2024)

15b - Supervisor Plan

2. 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 8/28/23 at approximately 9:30 pm, staff person A forcefully grabbed resident 1 by the left arm. This incident was

15b - Supervisor Plan (continued)

witnessed by staff person B. The home did not develop and implement a plan of supervision or suspend staff person A until 9/4/23.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2023 by the Wellspring Village Director to suspended associate, [REDACTED], when incident was reported.

To enhance the currently compliant operations, on 09/05/2023 the Wellspring Village Director and Personal Care Director will conduct in-services with the Health and Wellness associates about abuse and neglect, with a completion date of 12/29/2023.

Effective 09/05/2023 the Health Services Director, Wellspring Village Director, Personal Care Director will perform monthly checks that trainings were attended and completed through 12/29/2023 to maintain ongoing compliance with immediately developing and implementing a plan of supervision or suspend the staff person involved in the alleged incident if there is an allegation of abuse of a resident involving a staff person. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/29/2023

Not Implemented [REDACTED] 04/15/2024)

16c - Written Incident Report

3. 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 8/28/23 at approximately 9:30 pm, staff person A forcefully grabbed resident 1 by the left arm. This incident was witnessed by staff person B. The home did not report this incident to the department until 9/5/23.

Plan of Correction

Repeat Violation: 6/14/23

Accept [REDACTED] - 11/14/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2023 by the Health Services Director to report to the department when the incident was brought to the teams attention.

To enhance the currently compliant operations, on 09/05/2023 the Wellspring Village Director and Personal Care Director in-serviced the Health and Wellness associates on Abuse and Neglect trainings and will continue throughout their monthly meetings, with a completion date of 12/29/2023. Starting on 11/13/23, the Wellspring Village Director and Personal Care Director will also in-service the Health and Wellness associates for the next three months on reporting requirements of abuse, with a completion date of 1/31/24.

16c - Written Incident Report (continued)

Effective 09/05/2023 the Health Services Director will perform monthly audits for completion of trainings through 1/31/2024 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2024

Not Implemented [REDACTED] - 04/15/2024)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] 17/22, for resident 2 was not signed by the resident until 2/9/23.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Business Office Director to review resident contract.

To enhance the currently compliant operations, on 10/03/2023 the Business Office Director will review all resident contracts at physical move in date, with a completion date of 12/04/2023.

Effective 10/03/2023 the Business Office Director will perform weekly review of contracts to ensure resident has signed. through 12/04/2023 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 04/15/2024)

42b - Abuse

5. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/28/23, at approximately 9:30 pm, staff person A forcefully grabbed resident 1 by their upper left arm to prevent them from leaving as the resident was trying to get up to go to their apartment. This incident was witnessed by staff person B. Resident 1 sustained bruising to the upper left arm as a result of this incident.

42b - Abuse (continued)

Plan of Correction

Accept [redacted] - 11/14/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2023 by the Health Services Director to assess the resident for sustained bruising.

To enhance the currently compliant operations:

1. on 09/05/2023 the Health Services Director reported the incident to residents doctor, family, and appropriate state agencies, with a completion date of 09/05/2023.
2. on 09/05/2023 the Wellspring Village Director and Personal Care Director in-serviced the Health and Wellness associates on Abuse and Neglect trainings and will continue throughout their monthly meetings, with a completion date of 12/29/2023.
3. on 11/13/23 the Health Services Director will start to complete an audit by selecting Health and Wellness associates at random to interview for understanding of resident rights/reporting requirements. This audit will be completed monthly for the next three months, with a completion date of 1/31/24.

The overall completion date is 1/31/2024.

Effective 09/05/2023 the Health Services Director will perform monthly audit for completion of trainings through 1/31/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2024

Not Implemented [redacted] 04/15/2024)

65f - Training Topics

7. 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 C did not receive training in medication self-administration training during training year 2022.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Business Office Director to complete audit of associate files.

To enhance the currently compliant operations:

65f - Training Topics (continued)

1. on 10/17/2023 the Business Office Director ensured that all Health and Wellness associates are enrolled in the Relias module for medication self-administration, with a completion date of 10/17/2023.
2. on 10/23/2023 the Wellspring Village Director verified that associate, [REDACTED], completed the medication self-administration training, with a completion date of 10/23/2023.

The overall completion date is 10/23/2023.

Effective 10/02/2023 the Business Office Director will perform annual audit training records to ensure all direct care associates completed medication self-administration training through 12/04/2023 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/23/2023

Implemented [REDACTED] 04/15/2024)

65g - Annual Training Content

8. Requirements

2600.

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 D 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 during training year January 2022 to December 2022.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Business Office Director to review training records for all associates.

To enhance the currently compliant operations, on 10/03/2023 the Business Office Director will audit all associate training records to ensure completion required annually, with a completion date of 12/04/2023.

65g - Annual Training Content (continued)

Effective 10/03/2023 the Business Office Director will perform quarterly audit through 12/04/2023 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [redacted] - 04/15/2024)

82c - Locking Poisonous Materials

9. 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

On 10/3/23, two tubes of toothpaste, with a manufacturer's label indicating "contact Poison Control Center immediately if swallowed", was unlocked, unattended, and accessible to residents in Wellspring. Not all the residents of the home, including the residents in the Secured Dementia Care Unit, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accepted [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Wellspring Village Director to remove the two tubes of toothpaste from Wellspring Village.

To enhance the currently compliant operations, on 10/18/2023 the Wellspring Village Director completed in-service training with associates on the proper handling and storage of hazardous/poisonous materials, with a completion date of 10/18/2023.

Effective 10/02/2023 the Wellspring Village Director will perform monthly apartment audits to ensure compliance through 12/04/2023 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date:

Not Implemented (████) - 04/15/2024)

95 - Furniture and Equipment

11. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 10/2/23, the bathroom sink in █████ was clogged and would not drain.

Plan of Correction

Accept █████ - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Technician to unclog the sink in bathroom █████.

To enhance the currently compliant operations, on 10/25/2023 the Maintenance Director in-serviced during All Associate meeting the proper communication steps to take if furniture or equipment needs attention, with a completion date of 10/25/2023.

Effective 10/02/2023 the Maintenance Director will perform daily review TELS for repairs through 12/04/2023 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/25/2023

Not Implemented █████ - 04/15/2024)

103d - Storing Food Off Floor

12. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 10/2/23, seventeen 5-gallon water bottles were stored on the floor.

Plan of Correction

Accept █████ - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Technician to remove water gallons from the floor to the racks.

To enhance the currently compliant operations:

1. on 10/02/2023 the Maintenance Director ordered extra racks for the storage of water gallons, with a completion date of 10/31/2023.
2. on 10/02/2023 the Maintenance Director completed an in-service with the maintenance technician associates of proper storage for water gallons, with a completion date of 10/02/2023.

103d - Storing Food Off Floor (continued)

The overall completion date is 10/31/2023.

Effective 10/02/2023 the Housekeeping Supervisor will perform weekly complete checks to ensure proper storage through 12/04/2023 to maintain ongoing compliance with ensuring food is stored off the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [redacted] - 04/15/2024)

103f - Refrigerator/Freezer Temps

14. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/2/23 at 10:18 am the temperature in the freezer in the memory care servery was 3 degrees Fahrenheit.

Plan of Correction

Accepted [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Dining Service Director to correct the temperature in the freezer in the memory care servery.

To enhance the currently compliant operations, on 10/02/2023 the Dining Service Director will have an in-service with dining associates to ensure compliance with temperature logs, with a completion date of 10/23/2023.

Effective 10/03/2023 the Dining Cooks will perform daily review tempature logs for completion through 12/04/2023 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/27/2023

Implemented [redacted] - 04/15/2024)

103i - Outdated Food

15. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

All the emergency food in the resident storage was expired. Some expired 1/4/22, the rest expired in the year 2020.

103i - Outdated Food (continued)

Plan of Correction

Accept [REDACTED] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Dining Service Director to remove outdated emergency food from the resident storage.

To enhance the currently compliant operations:

- 1. on 10/03/2023 the Dining Service Director ordered all new food items for emergency resident storage, with a completion date of 10/03/2023.*
- 2. on 10/03/2023 the Dining Service Director created an emergency food storage log and implemented a checking system, with a completion date of 12/04/2023.*

The overall completion date is 12/04/2023.

Effective 10/03/2023 the Dining Service Director will perform 6 months audit every 6 months for compliance through 03/04/2024 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 04/15/2024)

107c - Food/Water 3 Day Supply

16. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home should maintain at least 3-day supply of nonperishable food for residents. However, the emergency food was all expired.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Dining Service Director to remove all expired nonperishable food from storage.

To enhance the currently compliant operations:

- 1. on 10/03/2023 the Dining Service Director reordered nonperishable food for residents to place in storage, with a completion date of 10/03/2023.*
- 2. on 10/03/2023 the Dining Service Director created an emergency food storage log and implemented a checking system, with a completion date of 12/04/2023.*

The overall completion date is 12/04/2023.

107c - Food/Water 3 Day Supply (continued)

Effective 10/03/2023 the Dining Service Director will perform 6 months audit through 03/04/2024 to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [redacted] - 04/15/2024)

107d - Procedure Emergency Management Agency Submission

17. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted annually to the local emergency management agency.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Director to review written emergency procedures to ensure submission.

To enhance the currently compliant operations:

- 1. on 10/02/2023 the Maintenance Director ensured submission was completed on 7/29/22, with a completion date of 10/02/2023.
- 2. on 10/03/2023 the Maintenance Director will ensure once emergency procedures are accepted, it will be placed in the community emergency procedures binder, with a completion date of 10/03/2023.

The overall completion date is 10/03/2023.

Effective 10/03/2023 the Maintenance Director will perform annual audit through 12/04/2023 to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 04/15/2024)

132c - Fire Drill Records

18. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

Description of Violation

The fire drill record for the drill conducted on 9/28/23 does not include the time the drill took place.

Plan of Correction

Accepted (████) - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Director to review the fire drill records for time.

To enhance the currently compliant operations, on 10/03/2023 the Maintenance Director will ensure a start time is recorded, with a completion date of 12/04/2023.

Effective 10/03/2023 the Maintenance Director will perform monthly review through 12/04/2023 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented (████) -04/15/2024)

132f - Alternate Exit Routes

20. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Stairwells 1 and 2 were the only exit route used during the fire drills held from January 2023 to May 2023.

Plan of Correction

Accepted (████) - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Director to review fire drill exit routes.

To enhance the currently compliant operations, on 10/03/2023 the Maintenance Director will alternate fire exit routes every month, with a completion date of 12/04/2023.

Effective 10/03/2023 the Maintenance Director will perform monthly review through 12/04/2023 to maintain ongoing compliance with using alternate exit routes during fire drills. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented (████) - 04/15/2024)

132g - Fire Drills Days/Times

21. Requirements

2600.

132g - Fire Drills Days/Times (continued)

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills in the last week of the month as evidenced by the following drills 5/24/23, 6/23/23, 7/30/23, 8/28/23, and 9/28/23.

Plan of Correction

Accepted [redacted] - 11/09/2023)

We respectfully request that this violation be withdrawn because fire drills were scheduled on different days of the week, at different times of the day and night. Fire drill dates, times, and shift below:

May 24th - Wednesday at 10:30am

June 23rd - Friday at 3:27pm

July 30th - Sunday at 11:30pm

August 28th - Monday at 10:33am

September 28th - Thursday at 10:30am

If withdraw is not approved, the below POC has been implemented:

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Maintenance Director to review fire drill dates and times.

To enhance the currently compliant operations, on 10/02/2023 the Maintenance Director will evaluate and schedule fire drills appropriately throughout the month, with a completion date of 12/04/2023.

Effective 10/02/2023 the Maintenance Director will perform monthly review through 12/04/2023 to maintain ongoing compliance with ensuring fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [redacted] - 04/15/2024)

141a 1-10 Medical Evaluation Information

22. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 2's medical evaluation dated [REDACTED] 10/22 did not include body positioning and movement stimulation for residents.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Health Service Director to correct SDCU check box with resident's physician approving the order verbally over the phone.

To enhance the currently compliant operations, on 10/03/2023 the Health Services Director and Wellness Nurse will complete all or a portion of the DME prior to the in-person evaluation, except for the "medical professional information" section, and present the DME to the physician, physician's assistant, or certified registered nurse practitioner for signature at the time of the examination, with a completion date of 12/04/2023.

Effective 10/03/2023 the Health Services Director will perform annually or if there is a significant change through 12/04/2023 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented [REDACTED] - 04/15/2024

171b5 - First Aid Kit

23. Requirements

2600.

171b5 - First Aid Kit (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include an eye covering.

Plan of Correction

Accept [redacted] - 11/09/2023)

We respectfully request that this violation be withdrawn because the first aid kit in the van does have the appropriate eye coverage required. If withdraw is not approved, the below POC has been implemented:

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Vibrant Living Director to place eye covering in the first aid kit in the van.

To enhance the currently compliant operations, on 10/02/2023 the Vibrant Living Director will perform first aid kit audits each month in the van, with a completion date of 12/04/2023.

Effective 10/02/2023 the Vibrant Living Director will perform monthly first aid kit audits to verify proper van supplies through 12/04/2023 to maintain ongoing compliance with, including ensuring a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [redacted] - 04/15/2024)

183d - Prescription Current

24. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 10/2/23, Ondansetron (Zofran) for resident 3, was in the home's medication cart; however, the resident does not have a current order for this medication.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Medication Technician to remove the discontinued medication.

To enhance the currently compliant operations:

1. on 10/24/2023 the Health Services Director completed an in-service to review Medication Technician position responsibilities, with a completion date of 10/24/2023.
2. on 10/24/2023 the Medication Technician will perform monthly medication audit to remove expired and discontinued medication, with a completion date of 02/24/2024.

The overall completion date is 02/24/2024.

183d - Prescription Current (continued)

Effective 10/24/2023 the Wellness Nurse will perform monthly review audits done by Medication Technician through 02/24/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/24/2024

Not Implemented (████) - 04/15/2024)

184a - Resident's Meds Labeled

25. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident 4's Lantus Solostar 100u/ml reads, inject 12 units one time a day at bedtime. However, the resident is prescribed to inject 16 units one time a day at bedtime.

Plan of Correction

Accept (████) - 11/14/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Health Services Director to apply change direction sticker to cap of the Lantus Solostar.

To enhance the currently compliant operations, on 10/03/2023 the Medication Technician will review that the appropriate directions are applied to medications when changes are made, with a completion date of 12/04/2023. Starting on 11/13/23 the Health Services Director will conduct an in-service for the Wellness associates on Medication Procedures with an end date of 11/30/23.

Effective 10/03/2023 the Wellness Nurse and Medication Technican will perform weekly audit of medication cart through 12/04/2023 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented (████) - 04/15/2024)

185a - Implement Storage Procedures

26. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed Senna Tab 8.6 mg as needed. On 10/2/23, this medication were not available in the home.

The glucometer for resident 4 was not calibrated to correct date and time. It showed 7/25/23 at 6:01 pm on glucometer on 10/2/23 at 2:06 pm.

Resident 4 is prescribed Acetaminophen Tab 325mg, Polyeth Glycol Powder, and Prochlorperazine Tab 10mg as needed. On 10/2/23, these medications were not available in the home.

Resident 5 is prescribed Albuterol Inhaler 90mcg, Refresh Classic solution, and Aspercreme 4% as needed. On 10/2/23, these medications were not available in the home.

Plan of Correction

Accept [REDACTED] 11/14/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Medication Technician to reorder medication which arrived on 10/3/23.

To enhance the currently compliant operations:

1. on 10/24/2023 the Medication Technician will perform monthly audit's of their assigned medication cart for medications that are PRN, with a completion date of 02/24/2024.
2. on 10/24/2023 the Medication Technician will communicate with Wellness Nurse if the medication that was ordered did not arrive, with a completion date of 02/24/2024.
3. starting on 11/13/23 the Health Services Director will conduct an in-service for the Wellness associates on Medication Storage Procedures with an end date of 11/30/23.

The overall completion date is 02/24/2024.

Effective 10/24/2023 the Medication Technician and Wellness Nurse will perform monthly audits to ensure PRN medications are in carts through 02/24/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/24/2024

Not Implemented [REDACTED] 04/15/2024)

225c - Additional Assessment

27. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 6's current assessment was completed on [redacted]/17/22 . However, the resident's previous assessment was completed on 10/4/21.

Resident 7's most recent assessment was completed on [redacted]/1/22.

Repeat Violation: 5/1/23, 1/18/23.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Health Service Director to review residents charts.

To enhance the currently compliant operations, on 10/17/2023 the Health Services Director, Personal Care Director, Wellspring Village Director ensured most recent resident support plan is in the chart. In addition, a photocopy will be made and placed in a separate binder for the care associates, with a completion date of 12/04/2023.

Effective 10/17/2023 the Health Services Director will perform weekly checks that most recent support plan is in resident chart through 12/04/2023 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented [redacted] - 04/15/2024)

227d - Support Plan Medical/Dental

28. 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, indicates the resident has a need for securing healthcare and caring for personal possessions. The resident's support plan, dated 6/5/23 does not document how these needs will be met.

The assessment for resident 2, dated [redacted]/23, indicates the resident has a need for for bladder management and turning and positioning in bed/chair. The resident's support plan, dated 5/3/23 does not document how these needs will be met.

The assessment for resident 8, dated [redacted]4/23, indicates the resident has a need for drinking, bladder management,

227d - Support Plan Medical/Dental (continued)

securing healthcare, turning and positioning in bed/chair, caring for personal possessions, and writing correspondence. The resident's support plan, dated 8/16/23 does not document how these needs will be met.

Repeat Violation: 5/1/23.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/17/2023 by the Health Services Director to correct missing support plan needs for designated residents.

To enhance the currently compliant operations, on 10/17/2023 the Personal Care Director and Wellspring Village Director will ensure residents care goals are met by implementing their needs appropriately on support plan, with a completion date of 12/04/2023.

Effective 10/17/2023 the Health Services Director, Personal Care Director, Wellspring Village Director will perform weekly review after completing resident assessment through 12/04/2023 to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented [redacted] - 04/15/2024)

227g -Support Plan Signatures

29. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident 6 was not signed by the assessor.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Health Services Director to review resident support plan.

To enhance the currently compliant operations, on 10/03/2023 the Health Services Director will ensure assessor signature is obtained on residents support plan upon completion, with a completion date of 12/04/2023.

227g -Support Plan Signatures (continued)

Effective 10/03/2023 the Health Services Director will perform monthly audits through 12/04/2023 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented [redacted] - 04/15/2024)

231b - Medical Evaluation

30. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/23; however, the resident’s medical evaluation does not indicate the need for the resident to be served in a SDCU.

Plan of Correction

Accept [redacted] - 11/09/2023)

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Health Services Director to review resident's medical evaluation.

To enhance the currently compliant operations, on 10/02/2023 the Health Services Director communicated with residents physician and took a verbal order to check off the need for resident to be in the secured dementia unit, with a completion date of 10/02/2023.

Effective 10/02/2023 the Health Services Director and Wellness Nurse will perform monthly audit for residents significant changes on DME through 12/04/2023 to maintain ongoing compliance with ensuring residents have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission, and that documentation includes the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date:

Not Implemented [redacted] -04/15/2024)

234a - Admission Support Plan

31. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

234a - Admission Support Plan (continued)

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/23. However, the resident does not have a support plan for the SDCU admission.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

We respectfully request that this violation be withdrawn because resident, [REDACTED], did have a support plan that was completed and signed on 7/31/2023 which meets the state's requirements. If withdraw is not approved, the below POC has been implemented:

In response to the violation on 10/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/02/2023 by the Wellspring Village Director to review residents chart for support plan.

To enhance the currently compliant operations, on 10/02/2023 the Wellspring Village Director and Health Services Director will ensure support plan is completed prior to transition to memory care neighborhood, with a completion date of 12/04/2023.

Effective 10/02/2023 the Health Services Director will perform monthly audit through 12/04/2023 to maintain ongoing compliance with ensuring that within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan is developed, implemented and documented in the resident record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2023

Not Implemented [REDACTED] - 04/15/2024)

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

Facility Information

Name: *BRIGHTVIEW EAST NORRITON* License #: *14075* License Expiration: *07/31/2024*
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: *I-2* Date: *02/27/2008* Issued By: *East Norriton Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *01/25/2024*

Inspection Dates and Department Representative

01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *Wellspring* Capacity: *24* Residents Served: *17*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

01/25/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/22/2024*

Inspections / Reviews (*continued*)

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/01/2024

03/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/29/2024

04/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

82c - Locking Poisonous Materials

1. 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

On 1/25/24, a container of Provon Tearless Shampoo and Bodywash located in the bathroom of Wellspring Room [redacted] was unlocked, unattended, and accessible to residents. The warnings for this product states "if ingested do not induce vomiting and seek medical attention". Not all the residents of the home, including Resident 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accepted [redacted] - 03/01/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Wellspring Village Director to remove the shampoo and body wash from Wellspring Village apartment six.

To enhance the currently compliant operations:

1. on 01/25/2024 the Wellspring Village Resident Assistants and Wellspring Village Director will conduct daily and weekly apartment audits, with a completion date of 03/25/2024.
2. on 01/25/2024 the Wellspring Village Director will send a list of acceptable items that are non-hazardous or non-toxic to families to ensure compliance, with a completion date of 02/26/2024.
3. on 02/26/2024 the Wellspring Village Director conducted an in-service on Wellspring Village Environment with the Wellspring Village Resident Assistants, with a completion date of 02/26/2024.

Implementation of preventive actions will be overseen by the Wellspring Village Director, with an overall completion date of 03/25/2024.

Effective 01/25/2024 the Wellspring Village Director will perform daily and weekly audits through 03/25/2024 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Not Implemented [redacted] - 04/15/2024)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 2's medical evaluation dated 1/9/24 did not include a complete general physical examination or allergy information.

Plan of Correction

Accepted [redacted] - 03/01/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/09/2024 by the Health Services Director to complete medical evaluation along with PA-C [redacted]. The allergy and general physical examination section was completed.

To enhance the currently compliant operations, on 03/01/2024 the Health Service Director will audit medical evaluation form for personal care residents for four weeks, then annually thereafter or if there is a significant change for personal care residents, with a completion date of 03/29/2024.

1. on 02/29/2024 the Health Services Director completed a Medical Evaluation In-Service with PA-C [redacted] and Wellness Nurses, with a completion date of 02/29/2024.

Effective 03/01/2024 the Health Service Director will perform daily audits through 03/29/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/29/2024

Not Implemented [redacted] - 04/15/2024)

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 1/25/24, Ondansetron (Zofran) prescribed for Resident 3, was in the home's Medication Cart; however, the resident does not have a current order for this medication.

Plan of Correction

Accept [REDACTED] - 03/01/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Health Services Director to to have medication discontinued by physician for non-usage.

To enhance the currently compliant operations:

- 1. on 01/25/2024 the Medication Technician removed the medication and destroyed it immediately in the drug buster, with a completion date of 01/25/2024.*
- 2. on 03/01/2024 the Medication Technician will audit Wellspring Village medication cart weekly for four weeks and complete weekly document check off, with a completion date of 03/29/2024.*
- 3. on 03/01/2024 the Health Services Director will ensure that Wellspring Village medication cart audit is completed weekly for four weeks by ensuring the audit was accurate, with a completion date of 03/29/2024.*
- 4. on 02/19/2024 the Health Services Director completed a Medication Management in-service with Medication Technicians, with a completion date of 02/19/2024.*

Implementation of preventive actions will be overseen by the Health Services Director, with an overall completion date of 03/29/2024.

Effective 03/01/2024 the Health Services Director will perform weekly audits through 03/29/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/29/2024

Not Implemented ([REDACTED] - 04/15/2024)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed Senna Tab 8.6 mg as needed. On 1/25/24, this medication was not available in the home.

Resident 3 is prescribed Replens Long Last Solution as needed. On 1/25/24, this medication was not available in the home.

The Glucometer for Resident 4 was not calibrated to the correct date and time; it showed 1/18 at 11:13pm on 1/25 at

185a - Implement Storage Procedures (continued)

12:56 pm.

Resident 5 is prescribed Refresh Tears Classic Solution as needed. On 1/25/24, this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Health Services Director to discontinue medications Senna and Replens due to non-usage by physician for Resident 3.

Resident 4's glucometer was calibrated several times and kept defaulting to a different time and day. HSD and medical director decided that a brand necessary glucometer will be supplied. Resident 4 received the new contour verio touch glucometer.

Resident 5's refresh tears PRN was ordered immediately.

To enhance the currently compliant operations:

- 1. on 02/14/2024 the Health Services Director will conducted in-service for medication technicians in Wellspring Village and Personal Care neighborhoods to ensure medication carts are being audited and medications are being removed or discontinued if needed, with a completion date of 02/14/2024.
- 2. on 03/01/2024 the Medication Technicians will be responsible to audit their medication carts weekly and complete audit documentation, with a completion date of 03/29/2024.
- 3. on 03/01/2024 the Wellness Nurse will conduct weekly glucometer audit for four weeks, with a completion date of 03/29/2024.

Implementation of preventive actions will be overseen by the Health Services Director, with an overall completion date of 03/29/2024.

Effective 03/01/2024 the Health Services Director will perform weekly audits through 03/29/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/29/2024

Not Implemented [REDACTED] - 04/15/2024)

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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

The RASP for Resident 2, dated [REDACTED]/24, indicates the resident has a need for assistance caring for personal possessions and obtaining clean, seasonal clothing, however, the support plan does not document a plan for how these needs will be met.

The assessment for Resident 6, dated [REDACTED]/23, indicates the resident has a need for assistance with making and keeping appointments, and medication. The resident's support plan, dated 1/2/24 does not document a plan for how these needs will be met.

Repeat Violation: 5/1/23

Plan of Correction

Accept [REDACTED] 03/01/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Personal Care Director to update care needs for residents two and six.

To enhance the currently compliant operations:

1. on 03/01/2024 the Personal Care Director will personalize all support plans upon move in, fifteen days, at least six months and significant changes. Weekly audits to be completed for four weeks, with a completion date of 03/29/2024.
2. on 03/01/2024 the Health Services Director will review support plans before activation is completed by Personal Care Director, with a completion date of 04/24/2024.
3. on 02/29/2024 the Health Services Director conducted a Support Plan Needs Documentation In-Service with the Personal Care Director and Wellspring Village Director, with a completion date of 02/29/2024.

Implementation of preventive actions will be overseen by the Health Service Director, with an overall completion date of 04/24/2024.

Effective 03/01/2024 the Health Services Director and Personal Care Director will perform weekly audits through 04/24/2024 to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2024

Not Implemented [REDACTED] - 04/15/2024)

234b - Support Plan Needs Elements

6. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED]/23, for Resident 7

234b - Support Plan Needs Elements (continued)

indicates resident has a service need, marked "B", for understanding instructions, however there is no information on specific needs or how this service need will be met.

Plan of Correction

Accept [REDACTED] - 03/01/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Wellspring Village Director to update the resident 7's service plan.

To enhance the currently compliant operations, on 03/01/2024 the Wellspring Village Director and Health Services Director will complete audit for all Wellspring Village service plans for four weeks, with a completion date of 03/29/2024.

1. on 02/29/2024 the Health Services Director conducted a Support Plan Needs Documentation In-Service with the Personal Care Director and Wellspring Village Director, with a completion date of 02/29/2024.

Effective 03/01/2024 the Wellspring Village Director will perform weekly audits through 03/29/2024 to maintain ongoing compliance with ensuring the support plan identifies the resident's physical, medical, social, cognitive and safety needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/29/2024

Not Implemented [REDACTED] - 04/15/2024)