

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

February 21, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRANDYWINE SENIOR LIVING AT SENIOR SUITES* License #: *14425* License Expiration: *05/02/2024*
 Address: *2101 NEW HOPE STREET, EAST NORRITON, PA 19401*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *AB EAST NORRITON OPERATOR LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/14/1999* Issued By: *Commonwealth of PA*

Staffing Hours

Resident Support Staff: Total Daily Staff: *117* Waking Staff: *88*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/07/2024*

Inspection Dates and Department Representative

02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *245* Residents Served: *74*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *50* Residents Served: *32*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *43* Have Physical Disability: *0*

Inspections / Reviews

02/07/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2024*

02/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/21/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

02/21/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at approximately [REDACTED], staff person A denied resident [REDACTED] request for assistance with transferring out of a chair and toileting. The staff person told the resident to urinate in the incontinence product they were wearing. Transferring, toileting, and bladder management are included in the activities of daily living the home must assist resident [REDACTED] with per the resident's support plan, dated [REDACTED]. The home was aware of the incident on the morning it occurred, but did not report it to the department until [REDACTED] at [REDACTED]

Plan of Correction

Accept [REDACTED] 02/21/2024)

The community currently adheres to the reporting requirements stipulated in regulation 16c and will continue to report incidents accordingly. All reportables will be reviewed at time of creation and will be reviewed by either WD, ED or designee. ED trained WD and regional clinical team on timeliness of reporting and training was completed on 2/8/2024. Proper reporting structure, including timeliness and appropriateness of reporting reviewed with Management and Wellness Nursing team on 2/8/2024. All staff training on neglect was completed on 1/24/2024. Abuse and neglect training to be reviewed every 60 days that began on 1/24/2024, and to be reviewed next on 3/24/2024 with all staff by ED and WD for the next 180 days. Plan of correction will be reviewed at next quality improvement meeting on 3/28/2024.

Proposed Overall Completion Date: 02/16/2024

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] 02/21/2024)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates that the resident requires some physical assistance with transferring, toileting, and bladder management. On the morning of [REDACTED], the resident rang their call bell and requested this assistance. Staff person A refused to provide this assistance as required. This resulted in an accident wetting the resident's clothing and chair.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

On [REDACTED] Staff person A was suspended pending Investigation and terminated on [REDACTED] due to noncompliance with this Investigation.

23a - Activities of Daily Living Assistance (continued)

On [REDACTED] at Brandywine Senior Suites team members were inserviced by Wellness Director and Executive Director on regulation 23.a in regard to resident assistance with ADL's as indicated in their Care Plan. Executive Director will continue to review, train, and educate staff members with each resident's individualized current assessment, care plan, and proper assistance with ADL's will be reviewed once a month starting on 2/08/2024 for the next 3 months, 3/08/2024, 4/08/2024, 5/08/2024.

Resident [REDACTED] Care Plan and Assisgnment sheet were reveiwed by Wellness Director on [REDACTED] to ensure accuarcy and daily accountability by Care Managers.

POC to be reviewed at Quaterly Quality Improvement Meeting on 3/28/2024.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 02/21/2024)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of [REDACTED], staff person A answered resident [REDACTED] call bell. The resident said that they needed to use the bathroom and was having trouble getting up from their chair. Staff person A complained of back pain and refused to assist, telling resident [REDACTED] to urinate on themselves. The resident had no choice but to do so, wetting their clothing and the chair they sleep in. The resident's support plan calls for assistance from staff in transferring out a chair, toileting, and bladder management.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

On [REDACTED] Staff person A was suspended pending Investigation and started the investigation process. On [REDACTED] Staff person A was terminated due to not complying with this investigation.

On 1/24/2024 All staff participated in Abuse and Neglect training during our Monthly Training and Education. Aduse and Neglect training will be reviewed every 60days and to be reviewed next on 3/24/2024 with all staff by ED and WD for the next 180 days.

POC to be reviewed at Quarterly Quality improvement meeting on 3/28/2024..

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 02/21/2024)