

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

April 1, 2024

[REDACTED]  
AB DRESHER OPERATOR LLC  
[REDACTED]

RE: BRANDYWINE SENIOR LIVING AT  
DRESHER ESTATES  
1405 NORTH LIMEKILN PIKE  
DRESHER, PA, 19025  
LICENSE/COC#: 14424

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2024, 02/29/2024 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 DRESHER ESTATES License #: 14424 License Expiration: 07/02/2024
Address: 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: AB DRESHER OPERATOR LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/25/2001 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 02/28/2024

Inspection Dates and Department Representative

02/28/2024 - On-Site: [Redacted]
02/29/2024 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 Residents Served: 80

Secured Dementia Care Unit

In Home: Yes Area: Reflections Capacity: 25 Residents Served: 20

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 41 Have Physical Disability: 0

Inspections / Reviews

02/28/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2024

Inspections / Reviews (*continued*)

## 03/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/31/2024

## 04/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document  
Submission

## 04/01/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] a sign on the door warned readers that video monitoring was present in resident [redacted] living space. In response to Resident [redacted] accusations of unauthorized entry into [redacted] room, the home purchased a video camera. The use of the camera is reflected in the resident's progress notes:

- On [redacted] "ED purchased camera for family to have in room."
- On [redacted] "Camera has been installed in residents room for families reassurance".

Plan of Correction

Accepted [redacted] - 04/01/2024)

On [redacted] The Executive Director removed all signage in regard to camera for Resident [redacted]

On [redacted] the Executive Director completed an audit of all resident rooms and removed any signage reflecting the use of a camera.

Effective [redacted], the Executive Director or designee will perform monthly audits of resident rooms to maintain ongoing compliance. Audits to continue for three months with an end date of [redacted]

Effective immediately Executive Director or Community Relations Director will advise families upon move-in that signage is not required for use of a camera to afford residents right to privacy of self and possessions. This process will be ongoing.

Executive Director will review regulation at next Quarterly Quality Improvement meeting on [redacted].

Proposed Overall Completion Date: 05/29/2024

Licensee's Proposed Overall Completion Date: 05/29/2024

Implemented [redacted] - 04/01/2024)

185a - Implement Storage Procedures

2. 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 [redacted] is prescribed [redacted] and [redacted] as needed. On [redacted], at [redacted], the medications were not available in the home.

Plan of Correction

Accepted [redacted] - 04/01/2024)

On [redacted] [redacted] and [redacted] were ordered stat and arrived at the community that same evening.

185a - Implement Storage Procedures (continued)

Corporate Support Nurse and Assistant Wellness Director checked the remainder of Resident [redacted] medication to ensure all proper dosages were in-house. This was completed same day (02/28/24).

On [redacted], the resident's responsible party and primary care physician were notified that two PRN medications ([redacted]) were not in-house, but would be arriving later that evening.

On [redacted] the Assistant Wellness Director and Regional Support Nurse audited any residents prescribed PRN medications and verified that all medications are in-house.

All Wellness Nurses to be trained on regulation 2600.185a and the procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. This training will begin on 02/28/24 and be completed by 03/28/24. Trainings conducted by Regional Director of Clinical Services

Wellness Director or designee to audit all PRN medications monthly to ensure they are in-house. Audits to begin on 02/28/24 and continue for three months. Audits to end on 05/28/24.

Regulation 2600.185a to be reviewed at Quarterly Quality Improvement Meeting on April 17th. Regulation to be reviewed by Executive Director or Wellness Director.

Proposed Overall Completion Date: 05/28/2024

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [redacted] - 04/01/2024)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 6. Dose.

Description of Violation

Resident [redacted] is prescribed [redacted] "by mouth twice a day". Resident's [redacted] medication administration record states [redacted] The resident's medication bottle, over-the-counter, is [redacted] extended release tablets.

Plan of Correction

Accept [redacted] - 04/01/2024)

On [redacted] it was discovered that Resident [redacted] family had brought in the wrong dosage of [redacted] Family was counseled on the prescribing ordered and why the dosage of the [redacted] needs to be [redacted] the medication order. The family was unaware that this was an issue.

On [redacted] the [redacted] was discarded from the medication cart. The Assistant Wellness Director reached out to the family and asked them to bring the correct dosage, which came later that day on 02/28/24.

**187a - Medication Record (continued)**

On [REDACTED], all wellness nurses were trained on regulation 2600.187a as well as regulation 2600.185a. This training was completed on 03/13/24. Training was completed by Regional Director of Clinical Services.

2600.187a to be reviewed at Quarterly Quality Improvement Meetings on 4/17/24. Regulations to be reviewed by Wellness Director or Executive Director.

Proposed Overall Completion Date: 04/17/2024

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [REDACTED] - 04/01/2024)