

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

March 28, 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 03/06/2024 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: *10/25/2001* Issued By: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/06/2024*

Inspection Dates and Department Representative

03/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *245* Residents Served: *76*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *50* Residents Served: *32*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

03/06/2024 - Partial

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

03/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/28/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/28/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [redacted] at approximately [redacted]. Staff Member A was overheard on the walkie talkie saying [redacted] "you bet not get that [redacted] on me I swear." "I get paid for this, you don't." Staff Member A also called Resident [redacted] Staff Member B witnessed Staff Member A doing this after calling for the nurse to assist with Resident [redacted] colostomy bag because it was leaking. Staff Member C overheard this all on the walkie talkie because it was pressed down while Staff Member A was providing care to Resident [redacted] Staff Members B and C reported this to the nurse and Executive Director. Resident [redacted] was interviewed but did not remember the incident.

Repeated Violation: 2/7/24

Plan of Correction

Accept [redacted] - 03/28/2024)

On [redacted] Staff Member A was suspended by ED and WD pending Investigation and the Investigation process was started. On [redacted] Staff Member A was terminated due to consistent statements from Staff Member B and Staff Member C.

On [redacted] All Staff Meeting, Staff were educated on Speaking to Everyone with Dignity and Respect. Dignity and Respect Training will be reviewed every 60days and to be reviewed next on [redacted] with all staff by ED and WD for the next 180 days, ending [redacted]. Staff that were not able to attend the training on [redacted] were required to meet with ED or Department Manager by [redacted]. Training attached.

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

Licensee's Proposed Overall Completion Date: 03/13/2024

Implemented [redacted] 03/28/2024)

231g - Non-Dementia Admission

2. Requirements

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

Description of Violation

Resident [redacted], who does not have a primary diagnosis of [redacted] or other [redacted] resides in the Secure Dementia Care Unit SDCU. The resident is unable to use the code for the magnetic lock to come and go freely.

Resident [redacted] has a diagnosis of a [redacted] that impacts the resident's ability to leave the unit freely using the code.

Plan of Correction

Accept [redacted] 03/28/2024)

On [redacted], ED contacted the residents primary care office and scheduled a MMSE with the office social worker. The resident scored a [redacted] Following that visit Resident was evaluated by [redacted] physician on [redacted] and the resident was clinically diagnosed with [redacted]

On [redacted], primary care physician completed a Status Change, DME to represent that residents [redacted] diagnosis

Resident [redacted] received a new DME completed by [redacted] PCP on [redacted]. The new DME will be attached and includes the primary diagnosis of [redacted]

231g - Non-Dementia Admission (continued)

On [REDACTED] WD completed an updated RASP with the diagnosis of [REDACTED]

On [REDACTED] Admissions and Nursing Team were trained and educated that an individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident. This resident must be able to use the code for the magnetic lock to come and go freely. This process will be reviewed with every admission by Admissions and WD, AWD, and Nursing Team.

On [REDACTED] WD and AWD completed chart audits to review all diagnosis. Chart Audits will continue monthly for the next 180 days, ending on [REDACTED] by WD, AWD, and Nursing Team.

POC to be reviewed at Quarterly Quality Improvement meetings on [REDACTED]

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [REDACTED] - 03/28/2024)