

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

June 5, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2024 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: 05/02/2025
Address: 2101 NEW HOPE STREET, EAST NORRITON, PA 19401
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted]

Legal Entity

Name: AB EAST NORRITON OPERATOR LLC
Address: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 05/06/2024

Inspection Dates and Department Representative

05/06/2024 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 245 Residents Served: 78
Secured Dementia Care Unit
In Home: Yes Area: Reflections Capacity: 50 Residents Served: 30
Hospice
Current Residents: 9
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 48 Have Physical Disability: 0

Inspections / Reviews

05/06/2024 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/10/2024

06/05/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 06/05/2024
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

06/05/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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 [REDACTED]. Staff Member A was in Resident room [REDACTED] and I overheard a Resident saying "stop hitting me". Staff Member A then walked into the hallway and saw Staff Member B leading Resident #1 by the left upper arm forcibly towards the dining room and Staff Member B was saying "go in". Staff Member A was outside of bedroom [REDACTED] which was half way down the hallway. Staff Member A then observed Resident #1 remove their arm from Staff Member B and say "don't hit me". Staff Member A then observed Staff Member B get at eye level with Resident #1 and point their finger at Resident and say "don't you hit me". Staff Member A then observed Staff Member B strike the Resident in the chest with Staff Member B's side of their arm hard enough for Resident #1 to exhale and fold forward. Staff Member A then said "hey" and saw Staff Member C approaching. Staff Member A reported what they saw to Staff Member C and then Staff Member D. Staff Member B escorted Resident #1 to the dining room while this was happening. Resident does not remember the incident and was evaluated Staff Member D. Resident did not have any bruising, redness, or other signs of a physical altercation. Resident's vitals were within normal limits. The incident was reported to the physician and family. Staff Member B was removed immediately from the floor and later terminated.

Plan of Correction

Accept ([REDACTED] - 06/05/2024)

On [REDACTED] Staff Member B was removed from the MC Neighborhood and brought to the HR Director's office immediately to discuss the Incident with ED and HR Director. Staff Member B was suspended by ED and HR Director pending Investigation and the Investigation process was started immediately. On [REDACTED] Staff Member B was terminated due to consistent statements from Staff Member A.

On 05/3/2024 At all staff Daily Stand down Meeting Staff were educated on Zero Tolerance on Abuse. On 5/3/2024 and 5/6/2024 Staff were educated and trained on Abuse Prevention and Identifying Indicators of abuse.

Abuse Training will be reviewed every 30days and to be reviewed next on 07/03/2024 with all staff by ED and WD for the next 90 days, ending 08/04/2024. Initial Training attached.

POC to be reviewed at Quarterly Quality Improvement meeting on 07/03/2024

Proposed Overall Completion Date: 07/04/2024

Licensee's Proposed Overall Completion Date: 07/04/2024

Implemented ([REDACTED] - 06/05/2024)

201 - Positive Interventions

2. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident # 1 needed assistance to the dining room for breakfast on [REDACTED] and Staff Member B was escorting

201 Positive Interventions (continued)

Resident # 1 to the dining room by the arm. Resident # 1 was combative with Staff Member B and removed Resident #1's arm. Staff Member B then positioned themselves eye level, with the resident, and pointed their finger in Resident #1's face and said " you don't hit me." Staff Member B then struck Resident #1 forcibly in the chest using their arm.

Plan of Correction

Accept ([redacted] - 06/05/2024)

On 6/3/2024 after receiving the Violation of Positive Interventions, Training was initiated immediately with Positive Approach Validation and Redirection for all staff working with or in the Memory Care Neighborhood. Positive Intervention Training will be reviewed with Team Members every 30 days for the next 90 days starting on 6/3/2024, 7/8/2024, and ending on 8/5/2024. Managers and Team Members will meet daily at Stand down and have the opportunity to discuss any residents with challenging or difficult behaviors. Interventions will be discussed and concerns will be reported to residents PCP and Psychiatry services if recommended by PCP. Residents Care Plan will be updated with any change of behavior and a plan to manage the behavior. POC to be reviewed at Quarterly Quality Improvement meeting on 07/03/2024

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented ([redacted] - 06/05/2024)

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include reportable incident dated [redacted]

Plan of Correction

Accept ([redacted] - 06/05/2024)

This was corrected on site during site visit, and inspector was aware. ED brought this to Inspector's attention as I was putting it in the chart. Resident Chart's will continue to be auditing monthly and ongoing for 2024, the last Audit was completed on 5/8/2024 the next audit's will be conducted every 30 days for the next 90 days on 6/7/2024, 7/8/2024, and ending on 8/9/2024.

Most recent Audit attached.

POC to be reviewed at Quarterly Quality Improvement meeting on 07/03/2024

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented ([redacted] 06/05/2024)