

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

August 5, 2024

[REDACTED], VICE PRESIDENT
BRIGHTVIEW WAYNE LLC
[REDACTED]

RE: BRIGHTVIEW DEVON
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087
LICENSE/COC#: 14459

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2024 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: BRIGHTVIEW DEVON License #: 14459 License Expiration: 07/24/2024
Address: 301 EAST CONESTOGA ROAD, WAYNE, PA 19087
County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: BRIGHTVIEW WAYNE LLC
Address: 301 EAST CONESTOGA ROAD, WAYNE, PA, 19087
Phone: [REDACTED]

[REDACTED] of Occupancy

Type: Other Date: 03/13/2019 Issued By: Tredyffrin Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 116 Waking Staff: 87

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 07/01/2024

Inspection Dates and Department Representative

07/01/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	95	Residents Served:	72
Secured Dementia Care Unit			
In Home:	Yes	Area:	Well Spring Village
Capacity:	25	Residents Served:	25
Hospice			
Current Residents:	6		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	72
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	44	Have Physical Disability:	2

Inspections / Reviews

07/01/2024 - Partial
Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 07/25/2024

Inspections / Reviews *(continued)*

07/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2024

08/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 07/01/24, at 10:07 am, there was an uncovered, unwrapped, undated container of ice cream stored in the pantry freezer of the memory care unit.

Plan of Correction

Accept (████ - 07/26/2024)

In response to the violation on 07/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/01/2024 by the Dining Service Director to remove the container of ice cream from the freezer.

To enhance the currently compliant operations, on 07/01/2024 the Dining Service Director and Wellspring Village Director worked with The Wellspring Village team to add a daily task of checking the refrigerator and freezer at each meal time (3x per day).

Effective 07/01/2024 the Dining Service Director will perform monthly checks through 08/31/2024 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Compliance will be reviewed monthly at the QAPI/Safety Committee meeting. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/31/2024

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented (████ - 08/05/2024)

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 #1's glucometer had a reading of █████ on █████ at █████; however, this reading was recorded as █████

Resident #2's glucometer had a reading of █████ on █████ at █████; however, this reading was recorded as █████

Plan of Correction

Accept (████ - 07/26/2024)

In response to the violation on 07/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/01/2024 by the Wellnurse Nurse to review the readings daily for 7 days to ensure accurate data entry.

To enhance the currently compliant operations, on 07/08/2024 the Wellness Nurse will review the glucometer readings weekly to ensure that the readings are accurately recorded, with a completion date of 08/31/2024.

185a Implement Storage Procedures (continued)

Effective 07/08/2024 the Wellness Nurse will perform weekly audits through 08/31/2024 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. Compliance will be reviewed monthly at the QAPI/Safety Committee meeting. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented ([REDACTED] - 08/05/2024)

185b - Medication Procedures

3. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The "Controlled Substance Form" for resident #3's [REDACTED] [REDACTED] does not include the quantity of syringes received.

Plan of Correction

Accept ([REDACTED] - 07/26/2024)

In response to the violation on 07/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/01/2024 by the Wellness Nurse to add the quantity of syringes immediately to the form to reflect the original amount delivered.

To enhance the currently compliant operations, on 07/08/2024 the Health Service Director will host an in service training for all Wellness Nurses to review the appropriate process to complete the "Controlled Substance Form", with a completion date of 07/31/2024.

Effective 07/08/2024 the Health Service Director will perform monthly audits through 08/31/2024 to maintain ongoing compliance with ensuring, at a minimum, the procedures must include, documentation of the receipt of controlled substances and prescription medications. Compliance will be reviewed monthly at the QAPI/Safety Committee meeting. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented ([REDACTED] - 08/05/2024)

202 - Prohibitions

4. Requirements

202 Prohibitions (continued)

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident #4 is prescribed [REDACTED] - administer 1 tablet by mouth as needed for [REDACTED] (severe). According to resident #4's June 2024 MAR, resident #4 was administered this medication to control behaviors. On 06/09/24, at 5:17 pm, the documented reason for administering this medication is agitation. The resident's progress notes do not indicate any other means of addressing the resident's agitation prior to administering the medication.

Plan of Correction

Accept ([REDACTED]) - 07/26/2024)

In response to the violation on 07/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/01/2024 by the Wellness Nurse to to educate the Med Tech on documenting all interventions attempted prior to providing a medication. Further education was done to ensure that the documentation of the behavior corresponds to the diagnosis.

To enhance the currently compliant operations, on 07/01/2024 the Health Service Director will host an in-service training to review the procedure for administering PRN medication for behaviors. Interventions to reduce behaviors must be documented prior to administration of medication, with a completion date of 07/31/2024.

Effective 07/01/2024 the Health Service Director will perform monthly reviews through 08/31/2024 to maintain ongoing compliance. Compliance will be reviewed monthly at the QAPI/Safety Committee meeting. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/31/2024

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented ([REDACTED]) - 08/05/2024)