

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

November 19, 2024

[REDACTED]
Brandwine PA Healthcare Operations LLC
[REDACTED]

RE: Silver Springs at East Norriton
2101 NEW HOPE STREET
EAST NORRITON, PA, 19401
LICENSE/COC#: 15179

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2024 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: Silver Springs at East Norriton **License #:** 15179 **License Expiration:**
Address: 2101 NEW HOPE STREET , EAST NORRITON, PA 19401
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: Brandywine PA Healthcare Operations LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/27/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 129 **Waking Staff:** 97

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**
Reason: Change Legal Entity **Exit Conference Date:** 08/15/2024

Inspection Dates and Department Representative

08/15/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	Residents Served: 79		
Secured Dementia Care Unit			
In Home: Yes	Area: Reflections	Capacity: 50	Residents Served: 32
Hospice			
Current Residents: xx			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 79		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 50	Have Physical Disability: 0		

Inspections / Reviews

08/15/2024 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 09/08/2024
09/10/2024 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 10/04/2024	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 09/15/2024

Inspections / Reviews (continued)

09/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2024

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) requires public places, including personal care homes, to post signs where smoking is regulated by this act. "Smoking" or "No Smoking" signs or the international "No Smoking" symbol shall be posted in each personal care home.

The home allows smoking only at a designated smoking area, which is the front porch of the home. However, there is no sign posted anywhere to this effect.

Plan of Correction

Directed ([redacted] - 09/16/2024)

Executive Director informed Maintenance Director that sign was absent on 8/27/2024. Maintenance Director was able to replace sign with a "Designated Smoking Area" immediately. Maintenance Director to complete monthly fire safety checks to ensure compliance with 2600.18. Violation will be reviewed at Quality Improvement meeting on September 25th, 2024.

Proposed Overall Completion Date: 09/25/2024

Directed Plan of Correction:

Starting 10 days from the date of the receipt of the accepted plan of correction, the home's administrator or designee shall audit for the presence of the smoking/non-smoking signs monthly for 3 months, and semi-annually thereafter.

Directed Completion Date: 10/05/2024

Implemented ([redacted] - 10/07/2024)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside. The bedside lamp was placed near the foot of the bed.

Plan of Correction

Accept ([redacted] - 09/16/2024)

Executive Director informed Maintenance Director that operable light source was not within reach of resident on 8/27/2024. Maintenance Director was able to move furniture in apartment so that light source was within reach on that same date. Executive Director educated Management Team on violations from inspection on 8/27/24, including 2600.101j7. Beginning on 8/27/24, Admissions Director and Maintenance Director will complete monthly compliance checks on occupied units to ensure compliance with 101j7 as well as other necessary regulatory requirements for 2600. Additionally, Admissions Director will check furnished apartments prior to resident occupancy to ensure light source is within reach. Violation will be reviewed at Quality Improvement meeting on September 25th, 2024.

Proposed Overall Completion Date: 09/25/2024

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (████) - 10/07/2024)

101r - Bedroom - shades/drapes/window covering

3. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom █████ has bottom 1/5th of blind slats broken and/or missing.

Plan of Correction

Accepted (████) - 09/16/2024)

Executive Director informed Maintenance Director that shades were damaged on 8/27/2024. Maintenance Director was able to replace damaged shades in resident's apartment on that same date. Executive Director educated Department Head team on violations from inspection on 8/27/24, including 101r. Beginning on 8/27/24, Admissions Director and Maintenance Director will complete monthly compliance checks on occupied units to ensure continued compliance with 101r. Additionally, Admissions Director will check furnished apartments prior to resident occupancy to ensure regulatory requirements are met. Violation will be reviewed at Quality Improvement meeting on September 25th, 2024.

Proposed Overall Completion Date: 09/25/2024

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (████) - 10/07/2024)