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

May 30, 2025

[redacted]
BRANDYWINE 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 03/20/2025 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**: *11/06/2025*

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**: *COPA L & I*

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**: *03/20/2025*

Inspection Dates and Department Representative

03/20/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *245* **Residents Served**: *75*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reflections* **Capacity**: *50* **Residents Served**: *27*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *75*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *41*

Have Physical Disability: *0*

Inspections / Reviews

03/20/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/24/2025*

05/05/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/27/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/10/2025*

Inspections / Reviews *(continued)*

05/15/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/27/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/27/2025*

05/30/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/27/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for Resident [redacted] was not signed by the resident.

The resident-home contract, dated [redacted] for Resident [redacted] was not signed by the resident.

The resident-home contract, dated [redacted], for Resident [redacted] was not signed by the resident.

Plan of Correction ***Accept [redacted] - 05/15/2025)***

On 03/26/2025, the unsigned contracts for Residents [redacted] and [redacted] were reviewed and signed by each resident or their legal representative. Each signed document was added to the resident's file. A note was made in each chart confirming that the resident was re-educated on the terms of the agreement at the time of signing. Executive Director educated the Marketing Director to make sure these are signed upon admission. The Director of Marketing is the one responsible to make sure the contracts are signed. The Executive Director or designee will audit all new admissions weekly for the next 60 days starting on 5/1/2025 to verify that signed contracts are present in each resident's file. Any unsigned contracts will be flagged and corrected immediately.
R/P Executive Director/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented ([redacted] 05/30/2025)

41e - Signed Statement

2. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] and [redacted]s records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction ***Accept ([redacted] - 05/15/2025)***

On 3/26/2025, Residents [redacted] and [redacted] were re-issued a written copy of the resident rights and complaint procedures. Each resident, or their legal representative, signed a new acknowledgment form confirming receipt and understanding. The signed forms were placed in the resident records and noted in each chart. Executive Director educated director of Marketing to have this completed with the contract upon admission. The Director of Marketing is the one responsible for admissions process. A full audit of all current resident files will be completed by May 30, 2025 to ensure compliance. Any missing acknowledgments will be corrected with re-issuance and re-signing of documents. Starting on May 1, 2025 file audits will be performed for 90 days to ensure continued compliance on all new admissions.
R/P Director of Marketing/Executive Director/Designee

41e Signed Statement (continued)

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] 05/30/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include medication regimen, contraindicated medications, and medication side effects.

Plan of Correction ***Accept ([redacted] - 05/15/2025)***

Executive Director educated the Director of Wellness on the importance of having the medication listed on the DME or attached to the DME on 3/26/2025. Director of Wellness will audit all charts to verify that all medications are listed or attached to the DME starting on 4/1/2025. The Director of Wellness will audit all new admissions for the next 3 months starting on 4/1/2025 to ensure we are in compliance.
R/P Director of Wellness/Executive Director/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented ([redacted] - 05/30/2025)

185a - Implement Storage Procedures

4. 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 ordered blood sugar readings twice daily at 9:00 A.M. and 5:00 P.M. On [redacted] at 10:05 P.M. a blood sugar reading of [redacted] was recorded on the medication administration record but there was no reading on the resident's glucometer for this date and time.

Plan of Correction ***Accept [redacted] - 05/15/2025)***

On 3/26/2025, Director of Wellness completed a review of Resident #5's MAR and glucometer data was completed.

185a - Implement Storage Procedures (continued)

The staff member responsible was counseled and re-educated by the Director of Wellness on accurate documentation. A late entry was made in the clinical record to clarify the discrepancy by the Director of Wellness. All medication administration staff will be retrained by 4/24/2025 by the Director of Wellness on proper procedure for glucometer use, accurate documentation and MAR reconciliation. Discrepancies will be addressed immediately and logged. Weekly audits starting 4/30/2025 and will be done for 1 month to ensure compliance by The Director of Wellness.
R/P Director of Wellness/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

5. 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]; 1 tablet by mouth every 6 hours as needed for moderate to severe pain. On [redacted] at 11:59 A.M. this medication was administered by Staff Member A and recorded on the medication administration record. Staff Member A did not record this administration and account for this medication on the narcotic control log.

Plan of Correction ***Accept [redacted] - 05/15/2025)***

On 3/20/2025, an immediate count of the narcotic supply for Resident #6 was completed by the Director of Wellness, confirming no diversion or dosing error.
Staff Member was counseled on controlled substance documentation protocols and submitted a corrective statement for the missing entry by the Director of Wellness. A late entry was documented on the narcotic log, clearly marked with the date and time it was added by the medication tech. All medication-certified staff will receive mandatory retraining on the following, proper documentation of controlled substances per facility policy and PA DHS § 2600.182(c) by April 25, 2025 by the Director of Wellness by 4/25/2025. Starting 4/22/2025, the Director of Wellness or designee will perform daily narcotic log audits for all residents receiving controlled substances for a period of 30 days, then weekly for 60 additional days. Any discrepancies will be investigated immediately and reported to the Administrator.
R/P Director of Wellness/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.

187a - Medication Record *(continued)*

2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed blood sugar checks 4 times daily before meals and at bedtime 9:00A.M., 12:00 P.M., 5:00 P.M., and 9:00 P.M. . However, Resident [redacted] medication administration record does not indicate the readings from the blood sugar checks.

Resident #[redacted] was ordered [redacted] to be injected per a sliding scale from blood sugar readings ,and to rotate the site on [redacted] and [redacted]. However, Resident #[redacted] medication administration record does not indicate the blood sugar readings, the amount of [redacted] injected, and the site location.

Plan of Correction ***Accept ([redacted] - 05/15/2025)***

On 3/26/2025, a full chart review for Resident [redacted] was completed by the Director of Wellness. Staff responsible for the missing documentation were identified and counseled individually regarding proper diabetic care documentation by the Director of Wellness. Late entries were made in the clinical record to reflect blood sugar readings and insulin administration as accurately as possible, with an accompanying progress note by the Director of Wellness. All medication-certified staff will receive refresher training by April 25, 2025, on: Accurate documentation of blood glucose readings, insulin administration per sliding scale, recording injection sites to comply with best practices for site rotation. Director of Wellness will do weekly audits for all blood sugar checks and insulin administration documentation. Weekly audits starting 4/30/2025 and will be done for 1 month to ensure compliance by The Director of Wellness.
R/P Director of Wellness/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed blood sugar checks twice daily at 9:00 A.M. and 5:00 P.M.. However, a blood sugar check was not performed on [redacted] at 5:00P.M.

187d - Follow Prescriber's Orders (continued)

Resident [redacted] is ordered [redacted] 1 tablet administered twice daily at 6:00 A.M. and 6:00 P.M. However, Resident [redacted] was not administered this medication at 6:00 A.M. on [redacted] and [redacted].

Resident # [redacted] is ordered [redacted] tablet administered twice daily at 6:00 A.M. and 6:00 P.M. However, Resident # [redacted] was not administered preservision areds at 6:00 A.M. on [redacted] and [redacted]

Resident # [redacted] is ordered [redacted] units twice daily at 8:00 A.M. and 8:00 P.M. On [redacted] at 8:00 P.M. this medication was not administered.

Plan of Correction ***Accept [redacted] - 05/15/2025)***

Chart audits were completed on 3/21/2025 for Residents [redacted] and [redacted] by the Director of Wellness to confirm additional omissions did not occur. Staff responsible for each missed treatment or medication was identified and received individual counseling and corrective supervision by the Director of Wellness. Late entries were made in the clinical record, clearly marked and explained in progress notes by the Director of Wellness. All direct care and medication administration staff will be retrained by April 25, 2025 on timely medication administration and blood glucose checks, proper documentation procedures, protocol for documenting and reporting omissions. Beginning 4/19/2025, the Director of Wellness will conduct daily medication and treatment administration audits for a two-week period, then weekly audits for 30 days.
Audits will focus on: Blood sugar monitoring times, MAR entries for scheduled medications insulin administration accuracy. Missed doses will be addressed immediately with follow-up coaching and disciplinary action as needed.
R/P Director of Wellness/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

191 - Resident Right to Refuse

8. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted], admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident [redacted], admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident [redacted], admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept ([redacted] - 05/15/2025)***

On 4/18/2025, Residents [redacted] and [redacted] were individually re-educated on their rights, by the Director of Wellness, including the right to refuse medications, especially in suspected medication error situations. Each resident signed a

191 - Resident Right to Refuse (continued)

newly updated acknowledgment form indicating they received and understood this right. Updated documentation was placed in each resident's file. Executive Director retrained the Director of Wellness. Director of Wellness will train all direct care staff by April 25, 2025, on: Resident rights, admission procedures and ensuring complete education and documentation, how to support a resident who refuses medication. Starting 4/22/2025, the Administrator or designee will audit 100% of all new admissions within 24 hours to ensure: Resident rights have been reviewed, signed acknowledgment is on file.
R/P Director of Wellness/Executive Director/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

231b - Medical Evaluation

9. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation, dated [redacted] does not include a [redacted] diagnosis.

Plan of Correction ***Accept[redacted] 05/15/2025)***

On 03/22/2025, the Director of Wellness obtained a follow-up medical evaluation from the resident's primary care provider confirming a dementia diagnosis. The diagnosis was added to the resident's chart, and the record was updated accordingly. The admission paperwork and documentation were corrected to reflect the updated evaluation. A complete audit of all residents currently residing in the SDCU was initiated on 04/01/2025 to confirm that each has a medical evaluation including a documented dementia diagnosis. By April 25, 2025, the Executive Director will train all staff involved in admissions, including the Director of Marketing and Director of Wellness, will be retrained on: Admission requirements specific to secured dementia care units, ensuring all medical evaluations include a dementia diagnosis before placement, any discrepancies will be corrected immediately with updated evaluations. Director of Wellness will audit all new admissions through the month of May.
R/P Director of Wellness/Executive Director/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

231c - Preadmission Screening

10. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written

231c Preadmission Screening (continued)

cognitive preadmission screening was does not have the date it was completed and behaviors exhibited.

Plan of Correction ***Accept [redacted] 05/15/2025)***

On 03/26/2025, the original screening was reviewed and corrected, by the Director of Wellness. The Director of Wellness completed a new, properly dated cognitive preadmission screening including: Resident's cognitive status, observed behaviors that support placement in the SDCU, the updated form was signed and placed in Resident #8 s record. A full audit of all current SDCU resident records was initiated on 4/1/2025 to ensure each file contains: A properly dated preadmission cognitive screening, documentation of resident behaviors, any identified deficiencies will be corrected immediately and documented. On 3/26/2025 Director of Wellness was retrained on: Completion requirements for SDCU cognitive preadmission screenings, by the Executive Director. The Executive Director or designee will review all SDCU admissions at the time of placement to ensure complete screening documentation is present and compliant. Spot audits will be conducted monthly for 30 days Starting 4/18/2025 by the Executive Director.
R/P Executive Director/ Director of Wellness/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

231e - No Objection Statement

11. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on 1/15/25. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction ***Accept [redacted] - 05/15/2025)***

On 3/26/2025 Director of Marketing was retrained on: Completion requirements for SDCU on the non objection is present for both the resident and the designated person, if applicable by the Executive Director. The Director of Marketing or designee will review all SDCU admissions at the time of placement to ensure complete screening documentation is present and compliant, starting with all new admissions on April 15,2025. The Executive Director or designee will audit all new admissions weekly for the next 30 days, starting April 20,2025 to verify that signed No Objection Statements are present in each resident's file.
R/P Executive Director/Director of Marketing/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)

231g - Non-Dementia Admission

12. Requirements

2600.
231.g. An individual who does not have a primary diagnosis of [redacted] disease or other dementia may reside in the secured dementia care unit if desired by the resident

231g - Non-Dementia Admission *(continued)*

Description of Violation

Resident [redacted] who does not have a primary diagnosis of [redacted] disease or other [redacted], resides in the Secure Dementia Care Unit SDCU. The resident is not able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit .

Plan of Correction ***Accept ([redacted] - 05/15/2025)***

On 03/22/2025, the facility obtained a follow-up medical evaluation from the resident's primary care provider confirming a [redacted] diagnosis. The diagnosis was added to the resident's chart, and the record was updated accordingly. The admission paperwork and documentation were corrected to reflect the updated evaluation. A complete audit of all residents currently residing in the SDCU was initiated on 04/01/2025 to confirm that each has a medical evaluation including a documented dementia diagnosis. By April 25, 2025, all staff involved in admissions, including the Director of Marketing and Director of Wellness, will be retrained on: Admission requirements specific to secured dementia care units, ensuring all medical evaluations include a [redacted] diagnosis before placement, any discrepancies will be corrected immediately with updated evaluations. Director of Wellness will audit all new admissions through the month of May.
R/P Director of Wellness/Executive Director/Designee

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 05/30/2025)