

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

April 13, 2026

[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 03/02/2026, 03/03/2026 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:** 02/14/2026  
**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:** CWOPA L&I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 123      **Waking Staff:** 92

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Monitoring      **Exit Conference Date:** 03/03/2026

## Inspection Dates and Department Representative

03/02/2026 - On-Site: [REDACTED]  
03/03/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 245      **Residents Served:** 73

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Reflections      **Capacity:** 50      **Residents Served:** 23

## Hospice

**Current Residents:** 11

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 73  
**Diagnosed with Mental Illness:** 3      **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 50      **Have Physical Disability:** 1

## Inspections / Reviews

03/02/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/29/2026

04/02/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/12/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

04/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at approximately 11:15 am, staff person A's the Wellness Director Office, where resident records are kept was unlocked, unattended, and accessible to anyone. Also a computer with access to the homes system of resident record was unlocked, unattended, and accessible in staff person A's office.

Plan of Correction

Accept [REDACTED] 04/02/2026

The wellness nurse immediately closed and locked the door on 3/3/26.  
 The ED will re-educate the wellness and department head team on 2600.17 by 4/1/2026  
 Beginning 4/1 until 7/1/26 the executive Director and department head team will monitor compliance during rounds throughout the workday.  
 The executive Director or designee will monitor compliance during rounds throughout the workday.  
 Health and Wellness office relocated to the 3rd floor with different door locks. immediately upon identification of the deficiency.  
 All director's offices containing resident assessments and support plans are now always secured, preventing unauthorized access by residents or visitors.  
 Resident records were reviewed and confirmed to be secure and intact, with no evidence of unauthorized access.  
 Resident Confidentiality & Secure Record Handling training will  
 the following team members will be trained  
 The New Health and Wellness Director  
 Business Office Manager  
 Training Completion Timeline Complete no later than 4/13/2026  
 Initial training completed by: 3/25/26  
 New hires trained during orientation  
 Responsible Party  
 Health and Wellness Director/Designees  
 Audit Schedule  
 Daily x 10 days  
 Weekly x 30 days  
 Monthly x 3 months  
 Expected Date of Compliance: 4/10/2026  
 Audit Schedule

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 04/13/2026

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B, hired [REDACTED], did not have a criminal background check completed until [REDACTED]

Plan of Correction

Accept [REDACTED] 04/02/2026)

On 3/4:26,The BOM immediately completed the background check on staff member b (attached).

On 3/27/26, The executive Director re-educated the BOM on 2600.51 (attached)

By 4/3/26 The BOM will complete an audit of team member files to confirm compliance with 2600.51(attach)

To ensure compliance is maintained, beginning 3/30/26 until 6/30/26 the executive Director or designee will ensure that a background check is completed prior to hire ( attached)

Training Completion Timeline Complete no later than 4/10/2026

Initial training completed by: 3/25/26

BOM, Marketing Director, Activity Director, Health and Wellness Director

Responsible Party

Executive Director/designee

Audit Schedule

Daily × 10 days

Weekly × 30 days

Monthly × 3 months

Expected Date of Compliance: 7/8/2026

Audit Schedule

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] 04/13/2026)

65f Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments, personal care service needs of the resident, safe management techniques during training year 2025.

65f - Training Topics (continued)

Direct care staff person C did not receive training in care for residents with dementia and cognitive impairments during training year 2025.

Direct care staff person D did not receive training in personal care service needs of the resident, safe management techniques, care for residents with dementia and cognitive impairments during training year 2025.

Plan of Correction

Accepted [redacted] - 04/02/2026)

Immediate Corrective Action (Completed) Upon identification of the deficiency in training, the staff was immediately trained to ensure that staff complete the annual training for 2026, Self-administration training, care for residents with dementia and cognitive impairments, personal care service needs of the residents, safe management techniques. Verification of current training for staff is ongoing; current staff will be trained annually and as needed. Immediate corrective action completed by: HR/Health and Wellness Director / Date of completion 4/30/26 3. 2. Protection of Residents During Correction Residents were protected immediately by ensuring that staff obtain trained. Staff members will receive training from the wellness director by 3/31/26 (attached) The wellness director will complete and audit by 4/3/26 to ensure staff members have required annual trainings for 2026 (attached) Beginning 4/4/26 -ongoing the BOM will audit staff members training records monthly to ensure compliance. Non compliant team members will be removed from schedule until compliance is received. Results of the monthly audits will be discussed at 2nd quarter QMP meeting which will be held on July 8, 2026, at 10am.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] 04/13/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2025.

65g - Annual Training Content (continued)

**Plan of Correction**

**Accept** [redacted] - 04/02/2026)

*Immediate Corrective Action (Completed) Upon identification of the deficiency in training, the staff was immediately trained to ensure that staff complete the annual training for 2026, emergency preparedness, recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services. Verification of current training for staff is ongoing new hires will be trained during orientation; current staff will be trained annually and as needed. Immediate corrective action completed by: HR/Health and Wellness Director / Date of completion 4/30/26 3. 2. Protection of Residents During Correction Residents were protected immediately by ensuring that staff obtain trained.*

*Staff members will receive training from the wellness director by 3/31/26 (attached)*

*The wellness director will complete and audit by 4/3/26 to ensure staff members have required annual trainings for 2026 (attached)*

*Beginning 4/4/26 -ongoing the BOM will audit staff members training records monthly to ensure compliance. Non-compliant team members will be removed from schedule until compliance is received.*

*Results of the monthly audits will be discussed at 2nd quarter QMP meeting which will be held on July 8, 2026, at 10am*

**Licensee's Proposed Overall Completion Date: 04/30/2026**

**Implemented** [redacted] - 04/13/2026)

141a - Medical Evaluation

**5. 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.

**Description of Violation**

*Resident [redacted] medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.*

**Plan of Correction**

**Accept** [redacted] - 04/02/2026)

*See attached. On- 3/4/2026 Health and Wellness Director was re-educated on 2600.141 by the executive director. Immediate corrective action completed by: Director of Wellness Date completed: 3/4/2026 Resident #11 – Annual in-person medical evaluation was completed by the Nurse Practitioner. The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and, in its entirety, including all required information. Any residents with out-of-date medical evaluations will be scheduled for an in-person appointment with the physician. Documentation of record review will be kept. All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. This will include when the medical evaluation form is incomplete or incorrect the medical evaluation will be corrected by the person who completed the medical evaluation or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. Documentation of education shall be kept.*

141a Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 04/13/2026)

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] was not posted in a conspicuous and public place in the home. The menu for the following week for [redacted] was also not posted.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 04/02/2026)

The Dining Director immediately posted menu on 3/3/26. (Attached)

By 3/31/2026 The Executive Director will re educate the culinary and department head team on 2600.162c. (Attached)

Beginning 3/31 and ongoing to ensure compliance is maintained the executive Director and leadership team will monitor during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 04/13/2026)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], [redacted] belonging to resident [redacted] had a puncture in pill slot number 28 the pill remained in the pack.

On [redacted], [redacted] belonging to resident [redacted] had a puncture in pill slot number 9 the pill remained in the pack.

183e - Storing Medications (continued)

On [redacted], [redacted] belonging to resident [redacted] had a puncture in pill slot number 10 the pill remained in the pack.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 04/02/2026)

Medication that was exposed was wasted and disposed of appropriately the medication carts were inspected in full to ensure no additional punctured or compromised packaging was present. On 3/15 through 3/27 the punctured meds were disposed Immediate corrective action completed by: Director of Wellness / Designee Date of completion: 3/27/26

Protection of Residents During Correction Both residents continued to receive medications without interruption using properly packaged medications. No medication was missed or administered from compromised packaging. Nursing leadership confirmed MAR accuracy and medication availability.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 04/13/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted] does not include the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

The pharmacy label for resident [redacted] does not include the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

The pharmacy label for resident [redacted] does not include the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

The pharmacy label for resident [redacted] does not include the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

The pharmacy label for resident [redacted]'s [redacted] does not include the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration.

**184a Resident's Meds Labeled (continued)**

The pharmacy label for resident [REDACTED] does not include the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

**Plan of Correction**

Accept [REDACTED] - 04/02/2026)

Medication without the pharmacy label received appropriate updated pharmacy label.

The medication carts were inspected in full to ensure no additional pharmacy labels are missing.

Immediate corrective action completed by: Director of Wellness / Designee on 3/22/2026

Residents continued to receive medications without interruption using properly packaged medications.

No medication doses were missed or administered from compromised packaging.

Nursing leadership confirmed MAR accuracy and medication availability.

Medication handling procedures were reinforced to clarify:

All meds'/OTC meds must have pharmacy label packaging.

Compromised medication packaging must be removed immediately

Responsible Party: Director of Wellness

New hires trained during orientation

Responsible Party

Health and Wellness/designee

Training will cover the following how to get pharmacy labels from the pharmacy for med's/OCT meds

Med Techs

Audit Schedule

Daily × 10 days

Weekly × 30 days

Monthly × 3 months

Expected Date of Compliance: 4/10/2026

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] 04/13/2026)

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] 1 twice daily. However, this medication was not administered to resident [REDACTED] at 9:00 am and 6:00 pm from [REDACTED] through [REDACTED]

187d - Follow Prescriber's Orders (continued)

and also 9:00 am on [REDACTED] because the Boost was not available in the home.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/02/2026)

The wellness nurse immediately ordered boost on 3/2/2026. The resident MD and POA were notified by the wellness nurse on 3/2/2026 that boost was not available.

A medication cart audit will be completed by the wellness nurse by 3/30/26(attach) The wellness nurse will re-educate the medication techs on 187d by 4/1/26 (attached).

To ensure compliance Beginning 4/1/26 until 7/1/26 (attached) the wellness nurse or designee will complete medication cart audits to ensure compliance with 2700.187d (attached) Results of audits will be discussed during the 2nd quarter QMP meeting which will be held July 8, 2026, at 10 am

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 04/13/2026)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED].

Resident [REDACTED] most recent assessment was completed on [REDACTED].

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 04/02/2026)

Immediate corrective action completed by: Director of Wellness Date completed: 3/4/2026 Resident #1 and #11 – Annual assessments were completed. Protection of residents, No incidents, accidents, or harm came to residents in the process of completion of Support plan. No adverse outcomes were identified. Corrective action to prevent recurrence.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] 04/13/2026)

227g -Support Plan Signatures

11. Requirements

2600.

227g -Support Plan Signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident [REDACTED] participated in the development of [REDACTED] support plan dated [REDACTED]. However, the assessor did not sign and date the support plan.

Repeat Violation: [REDACTED] et al, [REDACTED]

**Plan of Correction**

Accept [REDACTED] 04/02/2026)

Immediate corrective action completed by: Director of Wellness Date completed: 3/4/2026 Resident #12 – Annual assessments was signed by the assessor.

Immediate corrective action completed by: Director of Wellness / Executive Director Date completed: 03/3/2025 Protection of residents during correction of residents’ care needs and medications were met and given as ordered. No adverse outcomes were identified.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 04/13/2026)