

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

September 10, 2026

[REDACTED]
BRANDYWINE PA HEALTHCARE OPERATIONS LLC
[REDACTED]
[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 08/10/2026 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: 02/14/2027

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

Staffing Hours

Resident Support Staff:

Total Daily Staff: 118

Waking Staff: 89

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 08/10/2026

Inspection Dates and Department Representative

08/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 245

Residents Served: 66

Secured Dementia Care Unit

In Home: Yes

Area: Reflections

Capacity: 50

Residents Served: 21

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 52

Have Physical Disability: 0

Inspections / Reviews

08/10/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/03/2026

09/02/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

Inspections / Reviews (*continued*)

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/24/2026

09/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED] at 09:30 AM, an agent of the Department requested resident [REDACTED]'s medication administration record (MAR) for the month of August 2026. The home did not provide the MAR until 01:30 PM. The presented document appeared different from the screen of the med-tech's laptop and the medication pass history observed earlier in the morning. [REDACTED] insert 1 suppository rectally at bedtime for rectal bleeding), previously showing on the observed MAR, was removed from the presented paper MAR the home later provided.

At approximately 10:00 AM, 7 residents' records, including prescreening forms and assessment/support plans (RASPs), were requested by the department. Amongst the request included resident [REDACTED]'s record. However, the home did not provide resident [REDACTED]'s records until 02:05 PM.

Plan of Correction

Accept [REDACTED] - 09/08/2026

Immediate Corrective Action: On 8/10/2026, the Executive Director reviewed the access delay with all department heads (8/11/2026), including the circumstances surrounding the paper MAR produced for Resident #1. All department heads were educated by the Executive Director on 8/11/2026 that Department agents must be given immediate access, upon request, to the home, residents, and records without delay, including cross-referencing physical documentation against system/electronic data in the agent's presence. Beginning 8/25/2026, this requirement was built into new-hire orientation, annual regulatory training, and training triggered by any change in administrator, designee, or inspection-response procedure, with scenario-based practice for responding to a Department agent's arrival or record request. All team members completed this training by 8/31/2026.

Monitoring & Quality Assurance: The Administrator or designee will review staff understanding of this requirement at new-hire orientation and annually thereafter. Results will be reported at the quarterly QMP meeting.

Proposed Overall Completion Date: 8/31/2026 (initial training complete); compliance sustained through annual training and QMP review.

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED] at approximately 09:20 AM, the janitor's closet in the home's Secured Dementia Care Unit (SDCU) was unlocked, unattended, and accessible to residents. Present in the closet were cleaning products including "Uni Kem Kleen Concentrated All Purpose Cleaner", with a manufacturer's label indicating "if ingested/swallowed, obtain prompt medical attention". Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/10/2026 Janitor's closet was locked on site by Maintenance Director in the Secured Dementia Care Unit in the community. On 8/11/2026 Memory Care Coordinator reeducated SDU staff involved Poisonous materials shall be kept locked and inaccessible to residents in the SDU. Staff understand how to identify poisonous materials, store them safely, maintain resident safety, and document compliance with 55 Pa. Code § 2600.82(c). Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. On 8/28/2026 Memory Care Coordinator reeducated all Secured Dementia Care Unit (SDCU) staff on 55 Pa. Code § 2600.82(c). Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials-educated and retrained on Poisonous Materials and handling practices by Memory Care Coordinator/Designee completions date 12/15/2026. Beginning 8/28-11/30/26 the memory care director or designee will complete weekly audits to ensure compliance with 82c results of audits will be discussed at 4th quarter QMP meeting held on 10/18/2026. See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

183e - Storing Medications

3. 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] prescribed for resident [REDACTED] with an open date of [REDACTED] was still in the home's medication cart. Per manufacturer's instructions, this medication should be discarded 28 days after opening.

The following medication cards were observed to have a punctured blister foil with the medication still present in the spot:

- resident [REDACTED] at slot #8
- resident [REDACTED] at slot #4

Repeat Violation - [REDACTED] et al., [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/10/2026, the Med Tech and Nurse removed and wasted, per pharmacy and regulatory guidance, the expired [REDACTED] (Resident [REDACTED] and the punctured-blister-card doses still present for Resident [REDACTED] slot [REDACTED]) and Resident [REDACTED] (Senna, slot [REDACTED]). The Med Tech involved received re-education on medication storage/handling on 8/28/2026 and a documented verbal warning on 8/31/2026 for the compliance failure. All Med Techs, Nurses, and the Memory Care Coordinator were re-educated on 2600.183.e on 8/28/2026. The Med Tech involved received re-education on medication storage/handling on 8/31/2026 and a documented verbal

183e - Storing Medications (continued)

warning on 8/31/2026 for the compliance failure. All Med Techs, Nurses, and the Memory Care Coordinator were re-educated on 2600.183.e on 8/25/2026.

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

184b - Labeling OTC/CAM**4. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED], a bottle of [REDACTED] belonging to resident [REDACTED] and a bottle of [REDACTED] mcg belonging to resident [REDACTED] were observed in the second floor medication cart without being labeled with the residents' names.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/10/2026 Director of Nursing labeled the resident's [REDACTED] and resident's [REDACTED]. On 8/28/2026 DON reeducated Med Tech involved on 2600.184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

On 8/28/2026 the DON reeducated Med Tech, Nurses, Memory Care Coordinator on 2600.184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name. On 8/31/26 Executive Director notified the residents [REDACTED] and [REDACTED] responsible party to educate them on 184b - Labeling OTC/CAM. On 8/31/2026 all residents' responsible parties were notified. DON will begin audits on 9/5/2026 OTC medications and CAM belong to the residents' audits weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Ensuring if the OTC medications and CAM belong to the resident, they will be identified with the resident's name. Results of the audit will be discussed at 1QMP meeting 2/5/2027. Resident #3 expired 8/15/2026 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

187b - Date/Time of Medication Admin.**5. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] (insert 1 suppository rectally at bedtime for rectal bleeding) for 21 days starting [REDACTED]. However, this medication was present on the resident's eMAR until [REDACTED]. The suppository was not available for administration; however, staff documented it as refused on [REDACTED] and documented as administered [REDACTED] and [REDACTED]

Plan of Correction

Accept (CM - 09/08/2026)

See attached. On 8/10/2026 Director of Nursing updated resident's [REDACTED] MAR to reflex the current correct physical orders. On 8/28/2026 the Med Tech involved was reeducated by DON on 2600.187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. On 8/28/2026 the DON reeducated Med Tech, Nurses and Memory Care Coordinator on 2600.187.b. The information in subsection (a)(13) and (14)

187b - Date/Time of Medication Admin. (continued)

shall be recorded at the time the medication is administered. 2600.187. b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Beginning 8/31-12/2/26 DON/Designee will review MAR to ensure compliance items will be reported per 187b weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026

187c - Refusal of Medication**6. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [REDACTED] refused the following prescribed medications:

- [REDACTED] or [REDACTED] at 7:07 PM
- [REDACTED] tab on [REDACTED] at 1:44 PM.

Resident [REDACTED] is prescribed [REDACTED] tab once daily for HTN. The resident refused to take this medication on [REDACTED].

The home did not report these refusals to the prescribers.

Plan of Correction

Accepted [REDACTED] - 09/08/2026

.Immediate corrective action on DON notified MD and RP of refusal of meds. Med Tech involved was reeducated on 8/28/26 by DON on Medication refusals, reporting expectations, documentation and communication. 2600.187(c), when a resident refuses to take a prescribed medication, the refusal must be documented in both the resident's record and the medication record. The refusal must be reported to the prescriber within 24 hours unless the prescriber has given different instructions. Any subsequent refusals must be reported as required by the prescriber. On 8/28/26 by DON reeducated Med Techs, Nurses and Memory Care Coordinator on Medication refusals, reporting expectations, documentation and communication. 2600.187(c), when a resident refuses to take a prescribed medication, the refusal must be documented in both the resident's record and the medication record. The refusal must be reported to the prescriber within 24 hours unless the prescriber has given different instructions. Any subsequent refusals must be reported as required by the prescriber. Beginning 8/31--12/2/26 DON/Designee will review residents' refusal to ensure compliance items will be reported per 187c weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026

187d - Follow Prescriber's Orders**7. Requirements**

187d Follow Prescriber's Orders (*continued*)

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tab once daily. This medication was not administered as prescribed on [REDACTED] at 06:00 AM.

Repeat Violation - [REDACTED] et al., [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

DON notified MD and RP on 8/27/26. Med Tech involved was re-educated on 8/27/26 by DON 2600.187.d. The home shall follow the directions of the prescriber. Following the prescriber orders reporting expectations if meds are not given, documentation and communication with the nurse on duty and prescriber within the required timeframe. On 8/28/26 the DON reeducate Med techs, Nurses, Memory Care Coordinator 2600.187.d. The home shall follow the directions of the prescriber. Follow Prescriber's Orders and report if medication are missed. Expectations, documentation and communication with the nurse on duty and prescriber within the required timeframe of missed medication,

Ensuring the home must follow the directions of the prescriber. Beginning 8/31--12/2/26 DON/Designee will review residents' orders to ensure compliance items will be reported per 187d Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

225a Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial assessment/support plan (RASP) for resident [REDACTED] admitted on [REDACTED] does not include the date the assessment was finalized.

Repeat Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/11/2026 Executive Director updated resident's [REDACTED] initial assessment/support plan (RASP). On 8/28/2026 Executive Director reeducated the Director of Nursing and Memory Care Conditioner on 2600.225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Memory Care Coordinator completed an audit on current residents to ensure compliance with 2600.225.a. Beginning 9/5-12/5/26 Memory Care Coordinator/Designee will check all new residents' charts to compliance 225a. , Ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Memory Care Coordinator will review 15-day assessments to ensure compliance items will be reported per 225a weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Results

225a - Assessment 15 Days (continued)

of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

227a - Support Plan 30 Days**9. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's initial support plan does not indicate the date the support plan was finalized.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/10/2026 Director of Nursing updated initial support plan for resident [REDACTED] On 8/11/2026 Executive Director reeducated the Director of Nursing and Memory Care Coordinator on 2600.227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Memory Care Coordinator will begin audits on 9/5/2026 2600.227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form checking for finalized dates. weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Ensuring each resident requiring personal care services has a written support plan developed and implemented within 30 days of admission to the home, and the support plan is documented on the Department's support plan form Memory Care Coordinator will begin audits on 9/5/2026 Support Plan 30 Days weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26. Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

231b - Medical Evaluation**10. 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] transferred to the SDCU on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED] and did not include the resident's diagnosis of [REDACTED] or other [REDACTED]

Plan of Correction

Accept [REDACTED] 09/08/2026)

On 8/31/2026 DON reached out to the MD who gave a verbal order to update DME with a [REDACTED] and need for secure unit. On 8/31/26 Executive Director reeducated the DON and Memory Care Coordinator/Designee

231b - Medical Evaluation (continued)

will complete an audit of current memory care resident DME by 9/15/26. DON will reach out to MD. Beginning immediately (8/11/26) DON, Memory Care Coordinator, Designee will confirm compliance with 231b on new residents. Ensuring residents 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, and that documentation includes 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. Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

231c - Preadmission Screening**11. 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 SDCU on [REDACTED] However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] 09/08/2026)

On 8/11/2026 Executive Director updated resident [REDACTED] SDCU written cognitive preadmission screening addendum was added to resident's chart. On 8/31/2026 Executive Director reeducated Director of Nursing and Memory Care Coordinator on 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. DON and Memory Care Coordinator/Designee will complete an audit of current memory care resident preadmission screening by 9/15/26. Beginning immediately (8/11/26) DON, Memory Care Coordinator, Designee will confirm compliance with 231c on new residents. Ensuring 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 is completed for each resident within 72 hours prior to admission to a secured dementia care unit. Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)

234a - Admission Support Plan**12. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED] and resident [REDACTED] on [REDACTED]; however, these residents' initial RASPs do not indicate the date the support plan finalized, making it impossible to decide if they were developed and implemented within the required 72 hour time frame. In addition, the RASP for resident [REDACTED] was requested around

234a - Admission Support Plan (continued)

10:00 AM in the morning but it was not provided until 02:05 PM.

Resident [REDACTED] transferred to the SDCU on [REDACTED]. However, the resident's significant change support plan does not indicate the date of assessment and support plan.

Plan of Correction**Accept [REDACTED] - 09/08/2026)**

On 8/10/2026 Director of Nursing updated initial support plan for resident [REDACTED] and [REDACTED]. On 8/11/2026 Executive Director reeducated the Director of Nursing and Memory Care Coordinator on 2600.234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record and an addendum was placed in the residents' charts. Memory Care Coordinator will begin audits on 9/5/2026 2600.234.a. (highlighting date the support plan finalized,). Memory Care Coordinator will audit memory care files for compliance by 9/7/26. Beginning 9/8-12/6/26 the Memory Care Coordinator will audit new residents to ensure compliance weekly for 30 days and monthly for the next 3 months. Completions date 12/15/26, Ensuring that within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan is developed, implemented and documented in the resident record Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)**234b - Support Plan Needs Elements****13. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident [REDACTED] has been on hospice since September 2025 and transferred to the SDCU on [REDACTED]. The resident's significant change support plan, which is not dated, does not address the hospice service and is a copy of the resident's initial RASP dated [REDACTED] which was completed for the resident's personal care admission on [REDACTED]. The resident's supervision need and mobility need were not updated to reflect the resident's current status.

Plan of Correction**Accept [REDACTED] 09/08/2026)**

On 8/11/2026 Executive Director updated resident [REDACTED] significant change support plan to show hospice service needs an addendum was added to resident chart. On 8/31/2026 Executive Director reeducated the Director of Nursing and Memory Care Coordinator on 2600.234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs. Memory Care Coordinator will complete audits on RASP by 9/5/2026 2600.234.b. Beginning 9/6-12/6 the Memory Care Coordinator will audit RASP of residents who have changes per 234b weekly for 30 days and monthly for the next 3 months to ensure compliance. Completions date 12/15/26, Ensuring the support plan identifies the resident's physical, medical, social, cognitive and safety needs. Results of the audit will be discussed at 1QMP meeting 2/5/2027 See attached

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented [REDACTED] - 09/10/2026)