



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Geri Krupp-Gordon,  
Assistant Corporate Secretary  
CCRC-Brandywine, LLC  
6737 West Washington Street, Suite 2300  
Milwaukee, Wisconsin 53214

RE: The Inn at Freedom Village  
25 Freedom Boulevard  
West Brandywine, Pennsylvania 19320  
License #: 118750

Dear Ms. Krupp-Gordon:

As a result of the Department of Human Services' annual licensing inspections on May 3, 2017 and May 4, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE INN AT FREEDOM VILLAGE		License Number: 11875
Address: 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320		County: Chester
Administrator: Nathaniel Stube		Region: SOUTHEAST
Legal Entity Name: CCRC BRANDYWINE LLC		
Legal Entity Address: 6737 W WASHINGTON ST SUITE 2300, MILWAUKEE, WI 53214		
<b>Certificate(s) of Occupancy</b>		
C-1 11/25/1998 West Brandywine Township	I-2 07/14/2016 West Brandywine Township	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/03/2017: Kazlmer, Lauren; Wooters, Sandra		
05/04/2017: Kazlmer, Lauren; Wooters, Sandra		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25	Number of Residents who:	
Number of Residents Served: 16	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 16	
Area: Entire Area	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 25	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 16	Have a Mobility Need: 16	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 9		

Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 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.

**2a. DESCRIPTION OF VIOLATION**  
 The contract for resident #1 was not signed by the resident.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The following is the Plan of Correction for The Inn at Freedom Village regarding the Statement of Deficiencies dated 5/3/17. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Resident #1 provided and signed agreement 5/30/17. (see attachment A)

Audit completed of all resident records, all other records in compliance with regulation 5/30/17. (see attachment B)

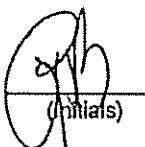
Administrator or designee will review all new admission agreements for 3 months to insure compliance with regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, PCHA	Date 5/30/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/31/17</u> (Date)	Plan of correction implementation status as of <u>5/31/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 65 Pa.Code §2600**

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 § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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Resident #1 was provided copies of resident rights and complaint procedure. Resident #1 signed to acknowledge receipt of copies 5/30/17. (see attachment C)

Audit completed of all resident records, all other records in compliance with regulation. (see attachment B)

Administrator or designee will review all resident agreements for 3 months to insure compliance with regulations.

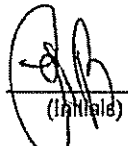
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 (Initials)

Plan of correction implementation status as of 5/31/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, hired on 1/10/17, did not receive an orientation in general fire safety until 1/17/17.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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New Hires' will receive fire safety on the first day worked.

Human Resources completed audit of new hires for past 6 months to insure compliance. (see attachment J)

Human Resources or designee audit staff records and monitor new hires for 3 months for compliance with regulations

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nathaniel Stube, PCHA Date 5/30/17

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Violation Report: 11876 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person B, hired on 1/3/17, did not receive resident rights training within 40 working hours. Resident rights training was completed on 2/1/17.

Staff person C, hired on 2/20/17, did not receive initial training in the emergency medical plan and incident reporting.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

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New Hires' will receive resident rights training, emergency medical plan and incident reporting in the first 40 hours worked.


Human Resources completed audit on all new hires for last 6 months to insure compliance with training. (see attachment H)

Human Resources or designee audit staff records and monitor new hires for 3 months for compliance with regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Nathaniel Stube, PCHA

Date 5/30/17

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The above plan of correction is approved as of

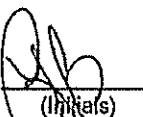
5/31/17  
 (Date)

Plan of correction implementation status as of

5/31/17  
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

  
 (Initials)

Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 65 Pa.Code §2600**  
 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 mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION-**  
 Staff person C did not receive training in caring for residents with mental illness in training year 2016.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Staff Person C completed training for Mental Illness 5/30/17. (see attachment D)

All active staff will receive Mental Illness in-service 6/7/17. Staff that is unable to attend 6/7/17 will complete training before next scheduled shift. (see attachment I)

Human Resources or Designee will monitor new hires for compliance with regulation for next 3 months.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Nathaniel Stube, PCHA	Date 5/30/17
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Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 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.  
 (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.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person C's 2016 annual training did not include the following topics: resident rights, emergency preparedness procedures, and the Older Adult Protective Services Act.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Staff Person C has completed training for resident rights, emergency preparedness procedure and Older Adult Protective services. (see attachment D)

Human Resources completed an audit of annual in-services records for staff with anniversary in the last 6 months. (see attachment J)

Human Resources or Designee will monitor annual training for 3 months to insure compliance with annual training.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nathaniel Stubé, PCHA Date 5/30/17

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person C received training in November of 2016 that does not specify the date.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
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Staff Person C complete training on November 16, 2016.

Training completed in 2017 will specific date that training is completed.

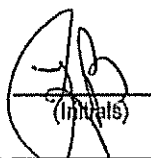
Human Resources will monitor for regulatory compliance for 3 months.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathanjel Stube, PCHA	Date 5/30/17
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Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 On 5/4/17, a bottle of Senna belonging to resident #2 was located in the medication cart and was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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On 5/4/17 a label was placed on the bottle of Senna for resident #2.

5/30/17 Audit of Medication Cart completed all other medications in compliance with regulation. (see attachment F)

Health and Wellness Directed or designee will conduct random weekly audits of med carts 3 months - to ensure OTC medications are labeled by resident.

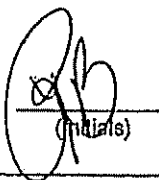
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Nathaniel Stube, PCHA	5/30/17

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Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.191 - The home shall educate the resident on 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.

**2a. DESCRIPTION OF VIOLATION**  
 There is no documentation that resident #1 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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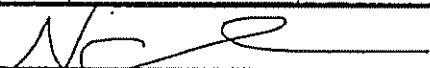
5/30/17 Resident #1 provided copies of resident rights. Resident #1 signed to acknowledge receipt of copies. (see attachment C)

Audit completed of all resident records, all other records in compliance with regulation. (see attachment B)

Administrator or designee will review all new admission agreements for 3 months to insure compliance with regulation.

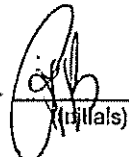
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Violation Report: 11875 - 05/03/2017 - Kazimer, Lauren  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 56 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 had a history of suicidal ideation prior to the admission to the SDCU. The resident's support plan, finalized on 1/11/17, does not address the resident's history and the plan to meet the psychological and behavioral needs.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The following is the Plan of Correction for The Inn at Freedom Village regarding the Statement of Deficiencies dated 5/3/17. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

On 5/4/17 support plan updated to include history of suicidal ideation and plan to meet psychological and behavioral needs. (see attachment G)

Administrator completed an audit of all resident with suicidal ideation or history of suicide. At this time no other residents have a history of suicide. (see attachment B)

Administrator or designee will review new admission for suicide/ideation and update support plan as needed for 3 months.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, PCHA	Date 5/30/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/31/17  
 (Date)

Plan of correction implementation status as of 5/31/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented