



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

January 7, 2019

Mr. Ian Yannuzzi  
Executive Director  
AB Dresher Operator, LLC  
525 Fellowship Road  
Mount Laurel, New Jersey 08054

RE: Brandywine Senior Living at Dresher Estates  
1405 North Limekiln Pike  
Dresher, Pennsylvania 19025  
License #: 144240

Dear Mr. Yannuzzi:

As a result of the Department's Bureau of Human Services Licensing inspection on July 12, 2018 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.

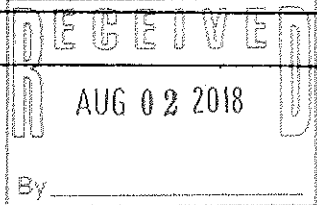
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

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

PCH Name: BRANDYWINE SENIOR LIVING AT DRESHER ESTATES		License Number: 12830
Address: 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025		County: Crawford
Administrator: Ian Yannuzzi		Region: SOUTHEAST
Legal Entity Name: BRANDYWINE SENIOR CARE OF UPPER DUBLIN LLC		
Legal Entity Address: 525 FELLOWSHIP RD SUITE 360, MT. LAUREL, NJ 08054		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/25/2001 CWOPA Dept L&I		Other 10/31/2001 TWP of Upper Dublin
		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 119	Working Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/12/2018: Thomas, Tahesia; Swisher, Michele		
<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: 112 Number of Residents Served: 75 Secured Dementia Care Unit In Home: Yes Area: Reflections Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 44 Have a Physical Disability: 0	

Violation Report: 12830 - 07/12/2018 - Thomas, Tahesia  
PCH Name: BRANDYWINE SENIOR LIVING AT DRESHER ESTATES

1. REGULATION 55 Pa.Codé §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
Staff person A, who is an agency staffing employee, stole two credit cards from Resident #1 and made fraudulent charges in the total amount of \$1484.58.

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 facility immediately ceased utilizing the agency that employed the staff member involved. The police were notified and after their investigation, the staff person was arrested and charged with theft. The facility will continue obtaining necessary background checks if/when utilizing any agency staffing. Beginning 8/1/2018, any new agency staff persons who are utilized will sign off on the facility's theft policy. This will be done by the Business office manager or designee.

The theft policy with a signature line is attached as Addendum "A"

Completed: Immediately: 8/1/2018; and ongoing as needed

Within 30 days receipt of the accepted POC, all staff and residents will receive training from an outside source such as the Local Area Agency on Aging on resident rights and preventing abuse including financial exploitation. Documentation of the training will be submitted to P. Adams at the Southeast Regional office at [ra-pwar@southeast.pa.gov](mailto:ra-pwar@southeast.pa.gov) or fax at 610-270-1147.

The administrator or designee will conduct private interviews with a sample of at least three staff and three residents monthly for 6 months and quarterly thereafter to ensure resident's rights are protected. Documentation of the interviews will be kept for three years.

The home will immediately develop a system to safeguard resident's money and property.

*in 1/2/19*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ian Yannuzzi - Executive Director*      Date *8/2/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *11/4/19*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of *11/4/19*  
(Date)

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

Violation Report: 12830 - 07/12/2018 - Thomas, Tahesia  
 PCH Name: BRANDYWINE SENIOR LIVING AT DRESHER ESTATES

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

An assessment was completed for resident #1 on 1/30/18. The RASP indicates that resident needs assistance in managing finances but does not clearly identify how the home will provide support/assistance.

**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.*

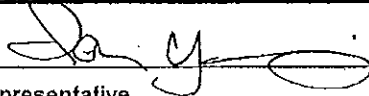
The support plan was updated on 7/12/2018 to reflect that the residents' son assists him with managing finances, including paying bills and monitoring his credit card usage. It also reflects that the resident does keep a credit card in his possession. The support plan will be reviewed again in January of 2019 or sooner if needed by the Wellness Director or designee.

The resident's updated RASP is attached as Addendum "B"

Completed: 7/12/2018; ongoing as needed

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)


Ian Yannuzzi - Executive Director

Date 8/2/18

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 (Date)

Plan of correction implementation status as of 1/2/19  
 (Date)

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 (Initials)

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