



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to AB DRESHER OPERATOR LLC
LEGAL ENTITY

To operate BRANDYWINE SENIOR LIVING AT DRESHER ESTATES
NAME OF FACILITY OR AGENCY

Located at 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 112
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 4, 2018 until June 4, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144241**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



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DEC 06 2018

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 #: 144241

Dear Mr. Yannuzzi:

As a result of the Department's Bureau of Human Services Licensing inspection on October 30, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

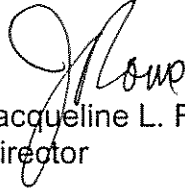
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

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.

Mr. Ian Yannuzzi

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14424 - 10/30/2018 - Heinberg, Jennie
 PCH Name: BRANDYWINE SENIOR LIVING AT DRESHER ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/30/2018, at approximately 10:30 A.M. there was a strong odor of urine in the hallway next to fire exit door #4.

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

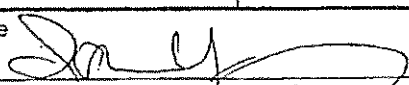
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Executive Director re-inspected the hallway near fire exit #4 immediately following the exit conference on 10/30/2018 and the urine odor had dissipated. That section of the hallway is surrounded by 3 rooms (room #3, room #4, and room #5.) Room #3 is empty. Room #5 was inspected by the DHS inspectors during the visit with no smell of urine. Room #4 was not checked. All 3 rooms have been re-cleaned and remain on a weekly schedule. They are inspected routinely for cleanliness by the Reflections Coordinator, Environmental Service Director, or designee.

Additionally, the carpet down that section of the hallway has been cleaned and remains on a weekly cleaning schedule. This carpet is inspected routinely for dirt and odors by the Reflections Coordinator, Environmental Services Director, or designee.

Completed: Immediately, weekly; and 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): Jon Yannuzzi - Executive Director Date 11/8/18

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

The above plan of correction is approved as of 11/8/18
 (Date)

Plan of correction implementation status as of 11/9/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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