



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED June 05, 2019**

Mr. Ian Monteith
Administrator
Brandywine Senior Care of Haverford LLC
731 Old Buck Lane
Haverford, Pennsylvania 19041

RE: Brandywine Senior Living at Haverford
Estates
License #: 144330

Dear Mr. Monteith:

As a result of the Department's Bureau of Human Services Licensing Incident inspection on April 8, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 3/24/19, resident #1 was prescribed 5mg of Prednisone, "take 5 tablets (25mg) by mouth daily for 5 days." On 4/8/19, the medication was not on the medication administration record but the medication was still on the med-cart.
 On 3/25/19, resident #1 was prescribed 500mg of Cefuroxime Axetil, "take 1 tablet by mouth twice a day for 7 days." On 4/8/19, the medication was still on the med-cart.

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.

Please see attached POC

For the next two consecutive months, the Administrator or a designee will provide weekly oversight to the staff having medication administration privileges to ensure that the routine audit of medication cart is being implemented as detailed in the POC. Subsequently, the Administrator will provide monthly oversight to staff. 5/30/19

A.A.A

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) <i>Jan Monteith ED</i>	Date <i>5/17/19</i>
--	---------------------


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

The above plan of correction is approved as of <u>5/30/19</u> (Date) The above plan of correction was approved by <u>A.A.A</u> (Initials)	Plan of correction implementation status as of <u>5/30/19</u> (Date) <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
--	--

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 5/17/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
183D	Immediate	11-7 shift Wellness nurse will perform nightly cart audits and review for upcoming expired medications and the need for change of label stickers.
	4/26/2019	All wellness nurses will be required to attend a mandatory in-service on new protocol.
	Immediate	Cart audits to be reviewed by Wellness Director or Nurse Supervisor.
	6/19/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings. * Please see attached

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was prescribed Bisacodyl, Enema and Milk of Magnesia as needed. On 4/8/19, the home did not have the medication on site/in-house.

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.

Please see attached POC

Within 10 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed PRN meds. are readily available at the home. Going forward, Administrator or a designee will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. Administrator will liaise with the pharmacy to procure residents required meds. promptly. 5/30/19

AAA

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)	Date
<i>Jan McKeith ED</i>	<i>5/17/19</i>

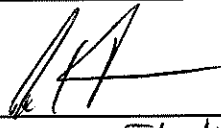
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>5/30/19</u> (Date)	Plan of correction implementation status as of	<u>5/30/19</u> (Date)
The above plan of correction was approved by	<u>AAA</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	

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 5/17/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
185A	Immediate	11-7 shift Wellness nurse will perform nightly cart audits and review for upcoming expired medications and the need for change of label stickers.
	4/26/2019	All wellness nurses will be required to attend a mandatory in-service on new protocol.
	Immediate	Cart audits to be reviewed by Wellness Director or Nurse Supervisor.
	6/19/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.
		* Please see attached

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The medication administration (MAR) record for resident #1 does not include the diagnosis or purpose for the medication for the Prednisone.

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.

Please see attached POC

MAR for resident #1 must be corrected immediately to reflect diagnoses for meds. Within 10 days of receiving this POC, the Administrator or a designee will review all resident's record/MARS to ensure compliance with the cited reg. Administrator or designee will review MARS monthly, at the beginning of a new med. cycle or when a new medication is prescribed; to ensure that relevant diagnoses/purposes corresponding to the medications are documented in the resident's MARS.

5/30/19
 A.A.A

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)	Date
Jan Monteth ED	5/17/19

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

The above plan of correction is approved as of <u>5/30/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</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

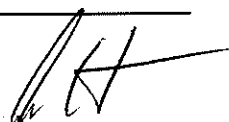
Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative:

Date of Submission:


5/17/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
187A	Immediate	11-7 shift Wellness nurse will perform nightly cart audits and review for upcoming expired medications and the need for change of label stickers.
	4/26/2019	All wellness nurses will be required to attend a mandatory in-service on new protocol.
	Immediate	Cart audits to be reviewed by Wellness Director or Nurse Supervisor.
	6/19/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.
		* Please see attached

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 3/24/19 at 4:30PM, resident #1 was administered 5/20mg tablets or 100mg of Prednisone instead of the prescribed 5/5mg tablets or 25mg of Prednisone.

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.

On receiving this POC , for the next two consecutive months period and on a weekly basis, the Administrator or a designee will provide oversight to staff with med. admin. privileges during various shifts; to ensure that medications are being dispense as prescribed by the physician. Additionally, on a monthly basis, the Administrator or a designee will crosscheck the pharmacy labels, the MARS and the content of medication carts to ensure that there are no discrepancy. The weekly oversight and review of medications, MARS and labels will be documented. 5/30/19

A.A.A

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) <i>Jan Martoth ED</i>	Date <i>5/17/19</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/30/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</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

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 5/17/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
187D	4/26/2019	All Wellness nurses will attend a documented in-service on medication distribution and protocol.
	4/30/2019	Wellness Director will observe a med pass from a different nurse monthly for 3 months. Each month will be a different shift (Day, Evening, Night). Observations will be unscheduled with Wellness nurses. (Please see attachment for documentation)
	6/19/2019 Ongoing	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

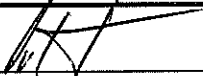
2a. DESCRIPTION OF VIOLATION
 On 3/24/19, an error in resident 1's medication administration occurred involving Prednisone. Resident #1 was administered 5/20mg tablets or 100mg of Prednisone instead of the prescribed 5/5mg tablets or 25mg of Prednisone. There is no documentation of the error in the resident's record.

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.

Please see attached POC

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)	Date
Ian Monteith	5/17/19

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

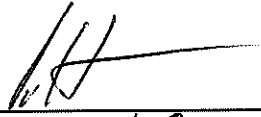
The above plan of correction is approved as of <u>5/30/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative:


5/17/19

Date of Submission:

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
188C	Immediate	All DHS reportable documentation for past and present events will be placed in resident chart.
	Immediate	Copy of reportables will be kept in a binder in Wellness Director office for tracking.
	4/27/2019	All Wellness nurses to attend documented in-service on protocol.
	6/19/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION
 The home's medication policy and implemented system does not comply with the regulation.

Brandywine Living Manual/ Medication Error Reporting
 Effective Date: January 2018

"B. Incident/occurrence reports are considered confidential communications protected by attorney client privilege. They are not subject to the release to the resident or other persons."

"C. The report should never be placed in the resident's medical record or left in any area where unauthorized persons can gain access. No copies of the report should be made. No reference to the report is to be made in the medical record, nor shall any reference be made that one has been or will be completed or submitted."

On 3/24/19, an error in resident 1's medication administration occurred involving Prednisone. There is no documentation of the error in the resident's record.

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.

Please see attached POC

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ian Montez ED</i>	<i>5/17/19</i>

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

The above plan of correction is approved as of <u>5/30/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>AAA</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

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 5/17/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
188D	5/16/2019	Brandywine policy Medication Error Reporting - PA has been updated.
	5/24/2019	All wellness nurses to attend mandatory in-service on new policy.
	5/24/2019	New policy to be shared with all PA communities. (Please see attached)
	6/19/2019	Policy to be reviewed at Quarterly QI meeting.

Violation Report: 10796 - 04/08/2019 - Freeman, Sabrina
 PCH Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES

1. REGULATION 55 Pa.Code §2600
 2600.188(e) - There shall be documentation of the follow-up action that was taken to prevent future medication errors.

2a. DESCRIPTION OF VIOLATION
 On 03/24/19 at 4:30pm, Resident #1 was administered 5/20mg tablets or 100mg of Prednisone instead of the prescribed 5/5mg tablets or 25mg of Prednisone.
 The home failed to provide documentation of follow-up action taken to prevent future medication errors.

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.

Please see attached POC

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)	Date
Jan Monteith ED	5/17/19

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

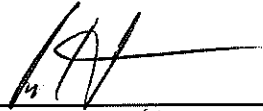
The above plan of correction is approved as of <u>5/30/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 107960
Inspection date(s): 9-Apr-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative:


5/17/19

Date of Submission:

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
188E	<p>Immediate</p> <p>Ongoing</p> <p>6/19/2019</p> <p>4/26/2019</p>	<p>"Alert Charting" will be implemented on all event following a medication error. "Alert Charting" requires a resident assessment and follow up note in chart for each shift (Day, Evening, Night). "Alert Charting" to be implemented for 3 days following event.</p> <p>Wellness Director will audit Alert Charting for all 3 days post event.</p> <p>Trainings and policies to be reviewed at quarterly Quality Improvement meetings.</p> <p>All Wellness nurses will be required to attend mandatory in-service on protocol.</p>