



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to WELL BL OPCO LLC

LEGAL ENTITY

To operate BRANDYWINE LIVING AT UPPER PROVIDENCE

NAME OF FACILITY OR AGENCY

Located at 1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 132  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26**

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 June 13, 2019 until June 13, 2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144310**

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.



June 13, 2019

Ms. Mary Ellen Pisanelli  
Authorized Signatory  
WELL BL OPCO, LLC  
**c/o BRENDA BACON**  
525 Fellowship Road, Suite 360  
Mount Laurel, New Jersey 08054

RE: Brandywine Living at Upper Providence  
1133 Black Rock Road  
Phoenixville Pennsylvania 19460  
License #: 144310

Dear Ms. Pisanelli:

As a result of the Department's Bureau of Human Services Licensing inspection on April 4, 2019 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.

Your NEW license is enclosed.

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](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. 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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

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

PCH Name: Brandywine Living at Upper Providence		License Number: 14431
Address: 1133 Black Rock Road, Phoenixville, PA 19460		County: Chester
Administrator: Kathleen Cianfrani		Region: SOUTHEAST
Legal Entity Name: WELL BL OpCo LLC		
Legal Entity Address: 525 Fellowship Road, Mount Laurel, NJ 08054		
<b>Certificate(s) of Occupancy</b> I-1 03/31/2015 Upper Providence Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 107	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
<b>Reason(s) for Inspection(s)</b> Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/04/2019: Freeman, Sabrina		
<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: 132 Number of Residents Served: 79 Secured Dementia Care Unit in Home: Yes Area: Reflections Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0

*Ky Cianfrani*  
5-16-19

Violation Report: 14431 - 04/04/2019 - Freeman, Sabrina  
 PCH Name: Brandywine Living at Upper Providence

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

Toothpaste, with a manufacture's label indicating "poisonous if swallowed", was unlocked and accessible to residents in the SDCU in bedrooms # 235 & 237.

**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.*

Regulation 2600.82( c) states that "poisonous materials shall be kept locked and inaccessible to residents".

In our secured dementia unit there was found a tube of toothpaste that stated "poisonous if swallowed". This was immediately removed.

The Wellness Director and the Assistant Wellness Director performed a search throughout the dementia care unit to remove any further items labeled as such in order to protect our residents from injury or illness related to misuse.

Going forward our procedure for personal care items will be to keep each resident's hygiene products in a bin. That bin will be locked in a drawer in their room. This is a change from keeping them locked in a congregate closet. The staff asked to have the bins closer in order to access them more easily.

We have educated the staff on what constitutes poisonous material, proper storage of all such items and the new procedure of locking the bins in the locked drawer of each resident's room.

We have also sent a notice to family members to remind them of what items are not acceptable in our secured dementia unit.

In the future the Wellness Director and Assistant Wellness Director will perform ongoing training and will do periodic searches to assure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathleen Cianfrani*

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

KATHLEEN Cianfrani

Date 5-16-19

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

The above plan of correction is approved as of 6/4/19  
 (Date)

Plan of correction implementation status as of 6/4/19  
 (Date)

The above plan of correction was approved by AAA  
 (Initials)

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

Violation Report: 14431 - 04/04/2019 - Freeman, Sabrina  
 PCH Name: Brandywine Living at Upper Providence

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

2a. DESCRIPTION OF VIOLATION  
 On 4/4/19, 8 unlabeled tooth brushes were observed in a shared bathroom, in room #235.

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.*

Regulation 2600.85(a) states that sanitary conditions shall be maintained.

During survey it was noted that there were multiple unlabeled tooth brushes, in a shared suite, posing a contamination risk to the residents. All toothbrushes were immediately removed by the Wellness Director. Subsequently, each resident has been given a toothbrush holder with their room number on it to prevent cross contamination. The staff will help each resident keep their toothbrush in their own holder.

The staff has been educated on this regulation and their responsibility to keep all toothbrushes separated and in the individual residents toothbrush holder.

In the future each resident will be given the toothbrush holder upon admission and it will be labeled with their room number.

The Wellness Director will monitor ongoing compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Cianfrani* Date *5-16-19*

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

The above plan of correction is approved as of <u>6/4/19</u> (Date)	Plan of correction implementation status as of <u>6/4/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14431 - 04/04/2019 - Freeman, Sabrina  
 PCH Name: Brandywine Living at Upper Providence

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in room #338 does not have a source of light that can be turned on/off from bedside.

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.*

Regulation 2600.101(j)(7) states that each resident shall have a lamp or other light source at their bedside. This is to prevent a resident falling due to darkness.

During survey a room was found that did not have a bedside lamp or other source of light. The housekeeping supervisor immediately placed a lamp at the bedside. The Maintenance Director and Housekeeping Supervisor and their staff, have been in-serviced on this regulation. They are instructed to check the status of each bedside lamp every time they do weekly housekeeping or at any other time they are in the room. The lamp must have a working lightbulb.

The Housekeeping Supervisor will monitor compliance of this regulation by random inspections of bedside lamps, and she will monitor that a new move in starts with a functioning bedside lamp.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Cianfrani</i>	Date <i>5-16-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/4/19</u> (Date)	- Plan of correction implementation status as of <u>6/4/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented