



Sent via e-mail bbacon@brandycare.com
Sent via e-mail imonteith@brandycare.com
July 27, 2020

Ms. Mary Ellen Pisanelli
Authorized Signatory
WELL BL OPCO, LLC
Attn: Brenda Bacon
525 Fellowship Road, Suite 360
Mount Laurel, New Jersey 08054

RE: Brandywine Living at Haverford Estates
731 Old Buck Lane
Haverford, Pennsylvania 19041
License #: 144330

Dear Ms. Pisanelli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 12, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: BRANDYWINE LIVING AT HAVERFORD ESTATES
Address: 731 OLD BUCK LANE,, HAVERFORD, PA 19041
County: DELAWARE

License Number: 14433

Region: SOUTHEAST

Administrator

Name: Ian Monteith

Phone: 6105271800

Email: imonteith@BRANDYCARE.COM

Legal Entity

Name: WELL BL OPCO LLC

Address: 525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 138

Waking Staff: 104

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

08/12/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 118

Residents Served: 74

Secured Dementia Care Unit

In Home: Yes

Area: Reflections

Capacity: 28

Residents Served: 20

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 73

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 64

Have Physical Disability: 1

182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

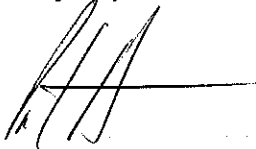
On 08/12/2019 at 1:10pm, there were 3 pills on resident #1's table, which the resident identified as 1 morning pills. The resident was being helped with bathing when the nurse on duty came in with her morning medications. The nurse left them for the resident to take after her bath, which the resident did not do.

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.)

SEE THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative



Signature

Ian C Monteith ED
Printed Name and Title

9/26/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7.24.2020
(Date)

Plan of correction implementation status as of 7.24.2020
(Date)

Fully Implemented

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

Not Implemented

Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 144330
Inspection date(s): 12-Aug-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.182c	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors Please see attached
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse Please see attached
	8/13/2019	Nurse has been terminated
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/12/2019, Mucinex 1200 mg, Furosemide 20 mg, and CP Prochlorperazine 10 mg prescribed for resident #1 were found in the home's medication cart. However, these medications are not listed on the residents current medication administration record (MAR).

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Printed Name and Title

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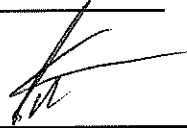
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Signature of Representative:



Date of Submission:

9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.183d	8/12/2019	All resident medications reviewed for accuracy
	9/23/2019	Nightly medication cart audit sheet to be completed and signed/ reviewed by Wellness Director for three months Please see attached
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse Please see attached
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation


Resident #1 had two morphine bags present on the medication cart. One bag was for 5 mg/0.25 ml, and the other bag was for 10mg/0.5 ml. Resident #1's current order is for morphine Sulfate 100 mg/0.5 ml by mouth/sublingually every 2 hours as needed. The morphine 5 mg/0.25 ml label says give 2 syringes by mouth every 3 hours as needed. There was no date the prescriptions were issued or received.

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Legal Entity Representative

Signature 

Printed Name and Title *Jan C. Martel ED* Date *9/27/19*

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Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.184a	8/12/2019	All resident medications reviewed for accuracy
	9/23/2019	Nightly medication cart audit sheet to be completed and signed/ reviewed by Wellness Director for three months Please see attached
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse Please see attached
	9/26/2019	Nurse to attend mandatory training on Brandywine medication administration policy
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

185a - Implement Storage Procedures

Regulations

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.

Description of Violation


On 08/12/2019 at 2:40pm, Tylenol 325 mg tablets ordered as needed for resident #1 were not available in the home.

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SEE THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Signature 

Printed Name and Title Ian C Montcith ED Date 9/27/19

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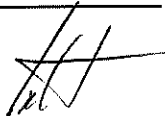
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Signature of Representative:
Date of Submission:


9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.185a	8/12/2019	All resident medications reviewed for accuracy
	9/23/2019	Nightly medication cart audit sheet to be completed and signed/ reviewed by Wellness Director for three months Please see attached
	9/23/2019	Nightly audit to include review of meds needed to be ordered for resident. Audit to continue for three months Please see attached
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include the accountability of PRN pain medications such as tramadol and morphine. The narcotic count sheets show that the PRN pain medications were signed out, but many of these signed out pain medications were missing the staff initials of the person administering them.

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SEE THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Signature

Ian C. Mantath
Printed Name and Title

9/27/19
Date

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Ian Monteith E.D.

Signature of Representative:

Date of Submission:


9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.185b	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse
	9/27/2019	At shift crossover wellness nurse will compare PRN medication administration from NARC book to EMAR system. Any discrepancy will be corrected immediately.
	10/1/209	Wellness Director or designee will perform random audits of PRN medication administration.
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 9. Administration times.

Description of Violation

Resident #2 is prescribed a medication for Parkinson's disease at 1:00pm daily. As witnessed by the licensing representative onsite, the resident came to the nurse's station to ask for this medication at 2:35pm because no staff members brought the medication at 1:00pm.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Signature 

Printed Name and Title Jan C. Mantath ED Date 9/27/19

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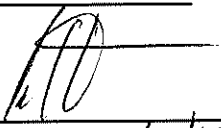
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Brandywine Living Plan of Correction

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Ian Monteith E.D.

Signature of Representative: 
Date of Submission: 9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.187a	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse
	9/27/2019	If medication is to be administered late nurse will contact physician for a one-time late administration order
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed tramadol 50 mg 1 tab by mouth every 12 hours as needed. The narcotic sheet for this medication shows that the medication was signed out on July 24th, 25th, 30th and 31st and also on August 1st, 2nd, 4th, 5th, 6th, 7th, 8th, and 9th. The July and August MAR (Medication Administration Record) shows missing staff initials on July 24th, 25th, and 31st and also August 1st, 2nd, 6th, and 9th for this medication administration.

Resident #4 is prescribed Tramadol 50 mg (take 1/2 tab every 6 hours as needed). Narcotic sign-out sheet shows 1 signed out on 8/09/2019 at 9:00am but there is no staff initials for this administration.

Resident #9 is prescribed Tramadol 50 mg (take 1/2 tab every 6 hours as needed). Narcotic sign-out sheet shows sign outs on July 08th, 10th (twice), 18th, 22nd, 23rd, 24th, 25th, 26th, and 30th (twice), August 1st, 2nd (twice), 8th, and 9th. However, there are no staff initials administering this med on July 22nd, 24th, 25th, 26th, and August 1st.

Plan of Correction (POC)

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SEE THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

[Handwritten Signature]

Signature

Jan C. Monteith ED 9/27/19

Printed Name and Title

Date

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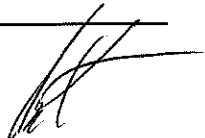


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Signature of Representative: 
Date of Submission: 9/27/19

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.187b	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse
	Ongoing	If medication is to be administered late nurse will contact physician for a one-time late administration order
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused to take a scheduled dose of Guaifenesin 100mg on July 11th, 18th, 24th, 26th and 31st at 8:00 am. The home did not notify the prescriber of these refusals.

Resident #5 refused to take a scheduled dose of Sertraline 100 mg and Vitamin D3 1,000 Units on 07/05/2019 at 9:00 am. The home did not notify the prescriber of these refusals.

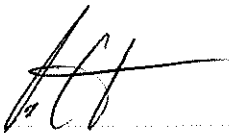
Resident #9 refused to take a scheduled dose of Mirtazapine 7.5 mg on 07/8/19, 07/09/19, and 07/20/19 at 10:00pm. The home did not notify the prescriber of these refusals.

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Legal Entity Representative

Signature 

Printed Name and Title *Jan C Monteith ED*

Date *9/27/19*

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Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.187c	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse
	9/26/2019	All nurses to attend mandatory in-service on medication refusal policy
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed blood pressure checks twice a week on Mondays and Wednesdays. The instructions state to call the cardiologist if SBP (Systolic) is over 160. On Wednesday 08/07/2019, her BP was 171/75, which required calling a cardiologist. There is no record the cardiologist was contacted.

Resident #7 is prescribed Tramadol 50 mg 2 half tabs every 6 hours as needed. On 07/07/2019 at 3:30pm, only one half tab was signed out.

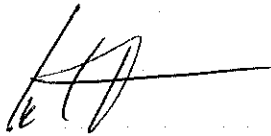
Resident #8 is prescribed Tramadol 50 mg twice a day. On 08/11/2019, this med was signed out only one time at 9:00am.

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Legal Entity Representative



Signature

Ian C. Monteith ES
Printed Name and Title

9/27/19
Date

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Signature of Representative: 
Date of Submission: 9/27/19

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2600.187d	9/18/2019	IPPC Pharmacy completed staff training on proper medication management and medication errors
	Ongoing	IPPC Pharmacy to complete medication pass with each wellness nurse
	12/18/2019	Violation to be reviewed at Quality Improvement meeting.
	9/26/2019	All wellness nurses to attend mandatory inservice on how and when to contact phycsian.

188d - System to Document Medication Errors

Regulations

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation


The home does not have a system to identify and document PRN pain medication errors. PRN pain medications were signed out but on many instances involving Tramadol 50 mg, there is no record of why the medication was needed, whether it was administered, and if administered, whether it was effective or not. Neither staff person A, the administrator, nor staff person B, the Wellness Director is able to describe such a system.

Plan of Correction (POC)

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Legal Entity Representative

Signature 

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Date *9/27/19*


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