



Sent via e-mail [bbacon@brandycare.com](mailto:bbacon@brandycare.com)  
Sent via e-mail [pfusaro@brandycare.com](mailto:pfusaro@brandycare.com)  
October 7, 2019

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 Senior Living at Longwood  
301 Victoria Gardens Drive  
Kennett Square, Pennsylvania 19348  
License #: 144300

Dear Ms. Pisanelli:

As a result of the Department's Bureau of Human Services Licensing inspection on September 11, 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,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

**Name:** BRANDYWINE LIVING AT LONGWOOD

**License Number:** 14430

**Address:** 301 VICTORIA GARDENS DRIVE,, KENNETT SQUARE, PA 19348

**County:** CHESTER

**Region:** SOUTHEAST

## Administrator

**Name:** Paola Fusaro

**Phone:** 4847346200

**Email:** BBACON@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:** I-1

**Date:**

**Issued By:**

## Staffing Hours

**Resident Support Staff:**

**Total Daily Staff:** 95

**Waking Staff:** 71

## Inspection

**Type:** Partial

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Interim/Monitoring

## Inspection Dates and Department Representative

09/11/2019 - On-Site: Sandi Wooters

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 92

**Residents Served:** 65

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** Reflections

**Capacity:** 23

**Residents Served:** 20

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 65

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 30

**Have Physical Disability:** 3

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom vents located in resident rooms 2, 8 and 10 did not have an operable fan. The bathrooms in these resident rooms do not have a window.

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.)

2600.86.b. Bathroom

The bathrooms in apartment #2, 8, and 10 were not working when inspected on 9/11/19. The Environmental Services Director was able to identify the problem, which was a tripped breaker switch, and the identified bathrooms had operable exhaust fans before the inspection was over on 9/11/19.

The Environmental Services Director or Designee will conduct a daily check of the bathroom exhaust fans bathrooms operating from the three different rooftop units. The audit will be completed daily and the report will be reviewed in the monthly QA meeting. (See Attachment A)

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*[Handwritten Name and Title]* *[Handwritten Date]*  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/1/19 Plan of correction implementation status as of 10/1/19  
(Date) (Date)

The above plan of correction was approved by SLW  Fully Implemented  
(Initials)  Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

103d - Storing Food Off Floor

Regulations

2600.  
103.d. Food shall be stored off the floor.

Description of Violation

Multiple assorted boxes of food, including chicken, were stacked on the floor of the walk-in freezer at 9:40 am.

There were three containers of pork broth found on the floor of the walk-in freezer at 9:40 am.

Multiple boxes of fresh produce, including a box of watermelon, were stacked on the floor of the walk-in refrigerator at 9:45 am.

Multiple boxes of dry grocery food, including a case of bottled fruit juice, were stacked on the floor of the dry storage room at 10:00 am.

Plan of Correction (POC)

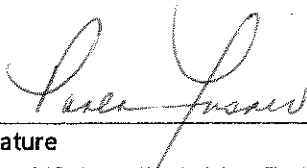
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.103.d.-Storing Food Off Floor

All food shall be stored off the floor. The items identified during the survey were food items that were delivered during breakfast service and were not put away as of the inspection time listed. The items were put away properly before the lunch service began at 11:30am. A crate will be placed in the dry storage area, the walk-in refrigerator, and the walk-in freezer and will be utilized for all delivery items until they can be properly stored on the shelves.

The Dietary staff have been in-serviced on the regulation and understand that all delivered items must be stored off the floor, on the crates, until it can be properly stored away. (See Attachment B)

Legal Entity Representative

  
Signature

PAOLA FUSTRO / Executive Director      9/30/19  
Printed Name and Title      Date

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(Date)

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103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was a container of fresh fruit tray and a tray of cut cake not labeled in the walk-in refrigerator at 9:50 am.

There were six slices of yellow cake not labeled located in the 2n floor SDCU refrigerator at 10:00 am.

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.)

2600.103.e.-Left Overs

All stored food must be labeled and dated. All Dietary Staff have been in-serviced on the regulation and the importance of dating and labeling all items that are left over and/or stored in the refrigerator and freezers. (See Attachment B)

The Dining Services Director or Designee will be responsible for daily monitoring of the items in the kitchen refrigerators and freezer as well as the refrigerators throughout the community.

The Dining Services Director or Designee will complete a daily check to ensure all left over items are properly stored, labeled and dated. The audit report will be reviewed in our monthly QA meeting.

(See Attachment B-1)

Legal Entity Representative

*Sharon Fusaro*

Signature

Sharon Fusaro, Executive Director

Printed Name and Title

9/30/19

Date

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 1:00 pm there was lint found covering the trap of the commercial dryer.

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.)

2600.105.g. Lint Removal and Duct Cleaning

The lint was removed from the commercial dryer lint trap at the time of inspection. There are signs and labels on all of the dryers to remove the lint after each use. Staff have been in-serviced on the Lint Trap Removal Policy. (See Attachment C)

The Environmental Services Director or Designee will be responsible for the daily inspections of the lint traps throughout the community. A daily audit will be completed and the report will be reviewed monthly in the QA meeting to ensure compliance. (See Attachment C-1)

Legal Entity Representative

*Paula Fusaro*

Signature

*PAOLA FUSARO / Executive Director 9/30/19*

Printed Name and Title

Date

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 did not sign the Support Plan dated June 13, 2019. There is no indication the resident refused to sign the document.

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.)

2600.227.g. -Support Plan Signatures

Individuals who participate in the development of the support plan shall sign and date the support plan. Resident #1 participated in the development of the support plan but did not sign it; however the family and POA did sign it. Resident #1 had the support plan reviewed after the inspection on 9/11/19 and has signed the support plan. (See attachment D)

The Wellness Director or Designee will be responsible for obtaining signatures from all individuals involved in the development of the Support Plan. If the resident refuses, there will be indication on the Resident Signature line that the resident refused.

The Wellness Director will complete a monthly audit of Support Plans to ensure that Residents have signed or that the resident signature line is completed with "refused to sign" if the resident refuses.

Legal Entity Representative

*Laola Fusma*  
Signature

Laola Fusma / Executive Director 9/30/19  
Printed Name and Title Date

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