



Sent via e-mail nstube@brookdale.com
April 7, 2020

Ms. Joanne Leskowicz
Assistant Corporate Secretary
CCRC-Brandywine, LLC
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: The Inn at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320
License #: 118750

Dear Ms. Leskowicz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 29, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE INN AT FREEDOM VILLAGE

License Number: 11875

Address: 25 FREEDOM BOULEVARD,, WEST BRANDYWINE, PA 19320

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Nathaniel Stube

Phone: 6103835100

Email: nstube@brookdale.com

Legal Entity

Name: CCRC-BRANDYWINE LLC

Address: 6737 W WASHINGTON ST,SUITE 2300, MILWAUKEE, WI, 53214

Certificate(s) of Occupancy

Type: C-1

Date: 11/23/1998

Issued By: PA Department of Health

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 32

Waking Staff: 24

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/29/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25

Residents Served: 16

Secured Dementia Care Unit

In Home: Yes

Area: ClareBridge

Capacity: 25

Residents Served: 16

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 16

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16

Have Physical Disability: 1

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The screen on the bedroom window of room 1125 facing the courtyard was bent and torn.

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.)

Window Screen had been identified of needing repair on 10/21/19 and work order was placed to have screen repaired (Attachment B). The screen was ordered on 10/22/19. Window screen was replaced 10/29/19, by Maintenance Director (See attachment A) .

Audit completed by Lisa Zelner, CBPM of the exterior of the building (Attachment C) by Maintenance Director/designee on and no other screens identified as needing repair. Maintenance Director or designee will monitor for screen repair needs weekly.

Legal Entity Representative

Signature

Nathaniel Stube, PCHA

Printed Name and Title

11/25/19

Date

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

The above plan of correction is approved as of 4/6/20
(Date)

Plan of correction implementation status as of 4/6/20
(Date)

Fully Implemented

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

Not Implemented

231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 03/26/18; however, the resident's medical evaluations completed on 07/24/18 and 06/03/19 do not include the resident's dementia diagnosis and the need for the resident to be in a secured dementia care unit.

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.)

Resident #1 Medical evaluation updated with diagnosis of dementia on 11/21/19 (Attachment D) by Dr. Andrew Ulichney. Audit completed by Lisa Zelner CBPM of all DME (Attachment E). PCHA/designee will monitor new admission medical evaluations for appropriate dementia diagnosis.

Legal Entity Representative

Signature 

Nathaniel Stube, PCHA
Printed Name and Title

11/25/19
Date

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(Date)

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(Date)

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(Initials)

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Not Implemented

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 08/09/19. However, the resident's written cognitive preadmission screening was missing the resident's need for secured care due to Alzheimer's disease or other dementia determination.

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 09/07/19. However, the resident's written cognitive preadmission screening was incomplete and did not include exhibited behaviors and the resident's need for secured care due to Alzheimer's disease or other dementia determination.

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.)

Pre-Admission Screening was updated for Resident #2 to include reason for admission to SDCU (Attachment F) on 10/29/19 by Lisa Zelner, CBPM. Pre-Admission Screening was updated for Resident #3 to include behaviors and reason for SDCU admission (Attachment G) on 10/29/19 by Lisa Zelner, CBPM. Audit completed by Lisa Zelner on 10/30/19 of all SDCU residents (Attachment H). PCHA/designee will monitor new admission Pre-Admission Screens for compliance.

Legal Entity Representative

Signature

Nathaniel Stube, PCHA

Printed Name and Title

11/25/19

Date

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(Initials)

Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

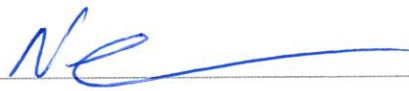
The directions for operating the home's locking mechanism are not conspicuously posted near the dining room door exiting to the skilled nursing wing from the Secure Dementia Care Unit (SDCU).

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.)

Dining Door Code updated by Lisa Zelner, CBPM on 10/29/19 (Attachment I) . Audit completed by Lisa Zelner, CBPM on 10/29/19 of all doors in SDCU (Attachment J). PCHA or designee will monitor for compliance weekly and with code changes.

Legal Entity Representative

	Nathaniel Stube, PCHA	11/25/19
Signature	Printed Name and Title	Date

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The above plan of correction is approved as of	<u>4/6/20</u> (Date)	Plan of correction implementation status as of	<u>4/6/20</u> (Date)
The above plan of correction was approved by	<u>MSJ</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented	<input type="checkbox"/> Not Implemented