



Sent via e-mail [iyannuzzi@brandycare.com](mailto:iyannuzzi@brandycare.com)  
April 9, 2020

Mr. Ian Yannuzzi  
Executive Director  
AB Dresher Operator, LLC  
525 Fellowship Road  
Mount Laurel, New Jersey 08054

RE: Brandywine Senior Living at Dresher Estates  
1405 North Limekiln Pike  
Dresher, Pennsylvania 19025  
License #: 144240

Dear Mr. Yannuzzi:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 2, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name:** BRANDYWINE SENIOR LIVING AT DRESHER ESTATES  
**Address:** 1405 NORTH LIMEKILN PIKE,, DRESHER, PA 19025  
**County:** MONTGOMERY                      **Region:** SOUTHEAST

**License Number:** 14424

## Administrator

**Name:** Ian Yanuzzi                      **Phone:** 2155914000                      **Email:** IYANNUZZI@BRANDYCARE.COM

## Legal Entity

**Name:** AB DRESHER OPERATOR LLC  
**Address:** 525 FELLOWSHIP ROAD, SUITE 360, MOUNT LAUREL, NJ, 8054

## Certificate(s) of Occupancy

### Staffing Hours

**Resident Support Staff:** 0                      **Total Daily Staff:** 139                      **Waking Staff:** 104

## Inspection

**Type:** Partial                      **BHA Docket #:**                      **Notice:** Unannounced  
**Reason:** Incident

## Inspection Dates and Department Representative

01/02/2020 - On-Site: Alexander Goldstein, Denise Gillespie

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 112                      **Residents Served:** 90

### Secured Dementia Care Unit

**In Home:** Yes                      **Area:** 0                      **Capacity:** 25                      **Residents Served:** 23

### Hospice

**Current Residents:** 5

### Number of Residents Who:

**Receive Supplemental Security Income:** 0                      **Are 60 Years of Age or Older:** 89  
**Diagnosed with Mental Illness:** 0                      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 49                      **Have Physical Disability:** 0

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 11/11/19, Staff Member A was assisting Resident #1 from a car into a wheelchair. Staff Member A stated to Resident 1 "if you are going to be rude to us, we are going to be rude to you." The resident's daughter was present to hear the comment as was Staff Member B.

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.)

Staff member "A" was immediately suspended pending the Department's investigation. Community conducted its own investigation and shared those findings with the department. The department conducted their investigation and notified the community that the staff member was cleared to return to work. The community brought the staff member back on 1/3/2020 and in-serviced her on resident's rights. The community also placed the staff member on a final reminder for the incident. Additionally, the community committed to not having the staff member in question care for the resident involved in the incident. Please refer to addendum A for supporting documentation

Completed 1/3

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Jan Yannuzzi - Executive Director* 1/24/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 04-09-2020  
(Date)

Plan of correction implementation status as of 04-09-2020  
(Date)

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

Implemented  
 Not Implemented

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #2 is prescribed Ativan 0.5mg for Agitation. According to Resident #2's progress notes, Ativan 0.5mg was administered to resident #2 to control behaviors on 12/11/19 at 10:00am.

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.)

The Wellness Director in-serviced the nursing department on ensuring proper diagnosis before administering medications. Wellness Director also communicated with the physicians that service the community that agitation is not an appropriate diagnosis for our residents. Wellness Director did a chart audit on 1/6 and 1/22 to ensure that all diagnosis are correct. The resident involved with this incident has passed away. Wellness Director or designee will conduct monthly reviews of psychotropic medications, specifically looking for diagnosis related to 2600.202 Please refer to addendum B for supporting documentation.

Completed in-service on 1/7; 1/9; and 1/13 Completed chart audit on 1/6 and 1/22 and ongoing monthly

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Jon Yannuzzi - Executive Director 1/24/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 04-09-2020 Plan of correction implementation status as of 04-09-2020  
 (Date)  Implemented (Date)  
 Not Implemented

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

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's assessment, dated 11/22/19, does not include any need for aggression and agitation. Resident is prescribed Ativan as needed for agitation. The Resident has also been physically aggressive and hit staff members.

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.)

The Reflections Coordinator who develops the RASP for the memory care neighborhood was educated at time of inspection on the importance and need to have the RASP updated with any changes to the residents or their care needs. The resident in question passed away before the inspection; his documents were not updated as he was deceased. Please refer to addendum C for supporting documentation.

Completed 1/2/2020

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Ian Yannuzzi - Executive Director* 1/24/2020

Printed Name and Title

Date

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Implemented  
 Not Implemented