



**Sent via e-mail nathaniel.stube@gmail.com
June 16, 2020**

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

RE: The Gardens at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320
License #: 126000

Dear Ms. Leskowicz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 13 and 14, 2020 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: THE GARDENS AT FREEDOM VILLAGE

License Number: 12600

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

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Nathaniel Stube

Phone: 4842882300

Email: CSTRASBURG@BROOKDALE.COM

Legal Entity

Name: CCRC-BRANDYWINE LLC

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

Certificate(s) of Occupancy

Type: I-2

Date: 07/14/2016

Issued By: WEST BRANDYWINE
TOWNSHIP

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 57

Waking Staff: 43

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/13/2020 - On-Site: Tahesia Thomas, David Carrion

01/14/2020 - On-Site: Tahesia Thomas, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 73

Residents Served: 57

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 56

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 7

Have Mobility Need: 0

Have Physical Disability: 7

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/23/19, the home was made aware of financial theft against resident #1. The home failed to submit an incident report to the Department within 24 hours.

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.)

At the time of the incident Resident #1 and responsible party indicated that she did not want to pursue additional actions. Resident was also not able to provide an accurate record of the incident.

1/15/20 Reportable incident filed (see attachment A).

Ongoing Administrator or designee will submit reportable incident within 24 hours even if resident is unable to provide accurate information or does not want to pursue additional actions.

DPOC:

- 1. The administrator will conduct a training on incident reporting to all staff of the home, within 10 days of receipt of this Directed Plan of Correction. Documentation of the training will be maintained for the Departments review.
- 2. The administrator will discuss the importance of reporting all allegations of abuse to the Department at monthly staff meetings for the next six months, starting immediately.

SLW 6.16.2020

Legal Entity Representative

Nathaniel Stube, PCHA

2/24/2020

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 6.16.2020
(Date)

Plan of correction implementation status as of 6.16.2020
(Date)

Implemented

Not Implemented

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

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #2 was deemed capable to self-medicate themselves. However, the home failed to ensure that all their medications were listed on the MAR. The following medications were not listed on the MAR: Levothyroxine, Furosemide, Nitrofurantoin, Methenamine Hippurate and Oxycodone Acetaminophen (PRN).

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 #2 is independent, schedules doctor appointments and manages medications completely.

1/14/20 Review completed of Resident #2 medications, verified with doctor for current medications.

1/14/20 Education provided to Resident #2 to notify Health and Wellness Director or designee when medication changes occur.

2/20/20 Audit of all self-administration residents for accuracy and ensure all medications present on MAR (attachment E) completed by Health and Wellness Director. Education provided to all self-administration residents (see attachment D) by Health and Wellness Director.

On-going Health and Wellness Nurse or designee will complete audit of self-medication residents and provide education.

Legal Entity Representative

Nathaniel Stube, PCHA

2/24/2020

Signature

Printed Name and Title

Date

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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

Resident #2 is prescribed Ventolin HFA as needed. On 1/14/20 this medication were not available in the home.

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 #2 is independent, schedules doctor appointments and manages medications completely.

1/14/20 Review completed of Resident #2 medications, verified with doctor for current medications.

1/14/20 Education provided to Resident #2 to notify Health and Wellness Director or designee when medication changes occur.

2/20/20 Audit of all self-administration residents for accuracy and ensure all medications present on MAR (attachment E) completed by Health and Wellness Director. Education provided to all self-administration residents (see attachment D) by Health and Wellness Director.

On-going Health and Wellness Nurse or designee will complete audit of self-medication residents and provide education.

Legal Entity Representative



Signature

Nathaniel Stube, PCHA

Printed Name and Title

2/24/2020

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Metamucil. However, this medication was not available in the home.

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 #2 is independent, schedules doctor appointments and manages medications completely.

1/14/20 Review completed of Resident #2 medications, verified with doctor for current medications.

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