



**Sent via e-mail bbacon@brandycare.com**  
**Sent via e-mail pfusaro@brandycare.com**  
**March 20, 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 Longwood  
301 Victoria Gardens Drive  
Kennett Square, Pennsylvania 19348  
License #: 144300

Dear Ms. Pisanelli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 27 and 28, 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 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: *Other*

Date: *12/14/2007*

Issued By: *Kennett Township*

## Staffing Hours

Resident Support Staff: *64*

Total Daily Staff: *161*

Waking Staff: *121*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*01/27/2020 - On-Site: Sabrina Freeman, Evelyn Perez*

*01/28/2020 - On-Site: Sabrina Freeman, Evelyn Perez*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *92*

Residents Served: *64*

### Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *23*

Residents Served: *20*

*M1emory Care 1st & 2nd floor*

### Hospice

Current Residents: *8*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *64*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *2*

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The emergency food storage room area has exposed pipes and a leaking ceiling. Pieces of metal is falling on the emergency food which is causing the cans to rust.

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.)

2600.88a- Surfaces

The emergency food storage area was cleaned and cans were discarded on 1/28/20. There is no active leak and the area is dry and clean. (See Attachment F)

The Dining Services Director or Designee will monitor the storage area to ensure the emergency food supply remains clean and dry. A daily inspection will be completed and a report will be submitted at the monthly QA meeting.

Legal Entity Representative

*Paula Fusaro*

Signature

*Paula Fusaro / Executive Director*

Printed Name and Title

*2/20/20*

Date

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

The above plan of correction is approved as of 03-18-2020  
(Date)

Plan of correction implementation status as of 03-18-2020  
(Date)

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

- Implemented
- Not Implemented

89a - Water Pressure

Regulations

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 1/28/20, at approximately 10:00 am, the hot water in room 303 was not working.

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.)

2600.89a- Water Pressure

Apartment #303 has hot and cold water pressure. During the inspection, there was adequate water pressure but the hot water valve under the bathroom sink was not opened completely. The hot water valve is completely opened now and is working properly and getting to a temperature of 106°F-107°F. The resident confirmed that she has always had hot water during her 3.5 years in that room. Our plumber also inspected the room and recorded the temperature to be 107.3°F. (See Attachment W)

The Environmental Services Director or Designee is responsible for monitoring water pressure and water temperatures weekly. An audit of resident rooms will be completed weekly and a report will be submitted at the monthly QA meeting. (See Attachment T)

Legal Entity Representative

*Paola Fusaro*  
Signature

*PAOLA FUSARO / Executive Director*  
Printed Name and Title

*2/20/20*  
Date

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/28/20, at approximately 10:00 am, the hot water temperature in bedroom 213 & 307 exceeded 120 degrees Fahrenheit.

Room 213 - the hot water temperature measured 123.4 degrees Fahrenheit.

Room 307 - the hot water temperature measured 126 degrees Fahrenheit.

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.)

2600.89b- Water Temperature

Upon completion of the annual inspection on 1/28/20, our plumber was contacted to assess the water temperature inconsistencies. It was determined that a new mixing valve was needed. It was installed 2/19/20 and the invoice is attached. (See Attachment M)

The Plumber and the Environmental Services Director checked resident rooms that were located in different areas of the building and receiving water supply from the 3 different water heaters. All water temperature readings in the resident rooms were between 110F-114F. (See Attachment N)

The Environmental Services Director or Designee is responsible for monitoring water temperatures weekly. An audit will be completed weekly and a report will be submitted at the monthly QA meeting. (See Attachment T)

Legal Entity Representative

*Paola Fusares*  
Signature

*Paola Fusares / Executive Director*  
Printed Name and Title

*2/28/20*  
Date

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The English Pub door was broken and had exposed glass.

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.)

2600.95 -Furniture and Equipment

The English Pub side glass panel has a crack and an exposed sharp edge. The exposed area was temporarily covered and sealed on 1/28/20. (See Attachment P)

The option of replacing or removing the glass window pane is being reviewed.

Admin or designee will ensure all furniture and equipment is in good repair, clean, and free of hazards.

SP 03-18-2020

Legal Entity Representative

*Paul Fusaro*  
Signature

*ADULT FUSARO / Executive Director*  
Printed Name and Title

*2/20/20*  
Date

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103b - Clean/Sanitized Kitchen Surfaces

Regulations

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

The plate holder/warmer in the kitchen was not clean. It had what appeared to be food and rust stains.

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.)

2600.103b- Clean/Sanitized Kitchen Surfaces

The plate holder/warmer was thoroughly cleaned on 1/28/20 and is now being covered until meal service times. (See Attachment K)

The Dining Services Director or designee is responsible for keeping all kitchen surfaces cleaned and sanitized after each meal.

Legal Entity Representative

*[Handwritten Signature]*

Signature

*SADIA FUSARO / Executive Director*

Printed Name and Title

*2/20/20*

Date

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was food in the kitchen that was not labeled or dated, and some that had expired.

- a bottle of sauce expired 9/19/19
- 2 box/cans of Fancy three salad bean expired 1/2/19
- 2 cans of pear halves did not have a readable date
- 3 bags of Barilla Pastina expired 5/16/18
- 3 bags of Delallor Organic expired 9/9/18
- 2 bags of Roseli angel hair was open and not dated

Plan of Correction (POC)

2600.103i-Outdated Food

The identified items from the inspection were immediately discarded. A thorough inspection of all items was completed and all food items in the dry storage room were properly sealed with expiration dates that are in compliance.

The Dining Services Cooks have been in-serviced on the proper procedures for sealing open items and checking for expiration dates and discarding items that have expired dates. (Attachment D)

The Dining Services Director or Designee will be responsible for completing a weekly inspection and audit report which will be reviewed in the monthly QA meeting.

Legal Entity Representative

*Paula Fusaro*  
Signature

*PAOLA FUSARO / Executive Director*  
Printed Name and Title

*2/20/20*  
Date

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109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home does not have a current certificate of rabies vaccination for resident #1's cat. The cat's vaccination was due 1/2/2020.

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.)

2600.109b Rabies Vaccination

Resident #1 has a cat and the rabies vaccination was only a one year vaccination does. The Rabies vaccination expired on 1/2/20. The family was immediately notified upon identification of the violation on 1/27/20. The cat was taken to the Veterinarian and was vaccinated on 2/5/20. The Rabies Vaccination Record is attached. (Attachment R)

The Escapades Producer or Designee is responsible for maintaining all Pet Records for resident pets and visiting pets. A tickler file has been updated and a reminder notification will be sent to family members or residents 30+ days prior to the expiration date of the vaccination in order to maintain compliance. A monthly audit will be completed and a report will be submitted at the monthly QA meeting.

Legal Entity Representative

*Paola Fusaro*  
Signature

*Paola Fusaro / Executive Director*  
Printed Name and Title

*2/20/20*  
Date

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