



**Sent via e-mail imonteith@brandycare.com  
July 21, 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 Haverford Estates  
731 Old Buck Lane  
Haverford, Pennsylvania 19041  
License #: 144330

Dear Ms. Pisanelli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5 and 6, 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: *BRANDYWINE LIVING AT HAVERFORD ESTATES*

License Number: *14433*

Address: *731 OLD BUCK LANE,, HAVERFORD, PA 19041*

County: *DELAWARE*

Region: *SOUTHEAST*

### Administrator

Name: *Ian Monteith*

Phone: *6105271800*

Email: *imonteith@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: *C-2 LP*

Date: *04/05/2000*

Issued By: *Commonwealth of PA, L&I*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *132*

Waking Staff: *99*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*03/05/2020 - On-Site: Dean Gray, Evelyn Perez*

*03/06/2020 - On-Site: Dean Gray, Evelyn Perez*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *118*

Residents Served: *70*

#### Secured Dementia Care Unit

In Home: *Yes*

Area: *Reflections*

Capacity: *28*

Residents Served: *19*

#### Hospice

Current Residents: *5/12*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *62*

Have Physical Disability: *0*

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

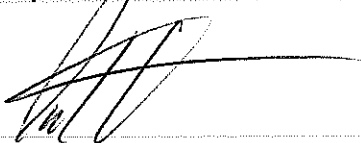
Staff person A, B and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 01/01/2019 to 12/31/19.

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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative



Signature

Jan Monteith ED  
Printed Name and Title

4/2/20  
Date

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

The above plan of correction is approved as of 7.17.2020 (Date)

Plan of correction implementation status as of 7.17.2020 (Date)

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

- Implemented
- Not Implemented

# Brandywine Living

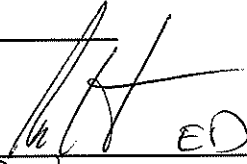
## Plan of Correction

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**Address:** 731 Old Buck Lane, Haverford PA 19041  
**License Number:** 144330  
**Inspection date(s):** March 5th / March 6th  
**Name and Title of Brandywine representative Signing the Plan of Correction:**

Ian Monteith E.D.

**Signature of Representative:**

**Date of Submission:**

  
4/2/20

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
65g	19-Mar	Fire Safety Solutions contacted with request for Executive Director and Environmental Services Director to attend next Fire Safety Train the Trainer.
	Immediate	Yearly training plan will include documentation for mandatory Fire Safety training.
	Immediate	Fire Safety Solutions contacted with request on expiration date of Train the Trainer. Environmental Services Director certified as fire safety expert in 2016.
	ASAP	Training to commence and submitted to licensing agency upon certification and completion of training.  <i>- Training scheduled for 4/16/20</i>

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

A light cover in the southwest stair tower, between the first and second floors, was broken and in disrepair.

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Printed Name and Title *Ian Monteith ED*

Date *4/2/20*

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95	7-Mar	Light cover replaced by Environmental Services Director.
	23-Apr	All staff to received training on reporting items in the community in need of repair or replacement.
	Ongoing	Maintenance and Executive Director to walk stair towers daily and complete visual inspection of lighting.
	17-Jun	Violation to be reviewed at July 17th quarterly Quality Improvement Committee meeting.

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

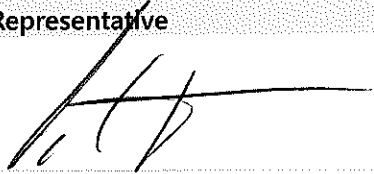
The walkway from the first floor memory care unit exit was littered with household items including a water hose, an umbrella and wastebaskets presenting a tripping hazard.

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2/12/20

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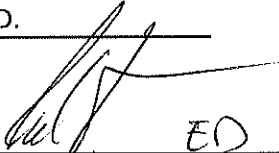
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ED  
**Date of Submission:** 4/2/20

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
100a	5-Mar  Ongoing  23-Apr  17-Jun	Environmental Services Director cleared and swept sidewalk area outside of memory care neighborhood.  Maintenance team to check all sidewalks one daily basis and remove any objects that may pose a tripping hazard.  All staff to be provided training on identifying tripping hazards and removing or reporting them.  POC to be reviewed at Quarterly Quality Improvement meeting.

103i - Outdated Food

Regulations

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bag of ciabatta bread and pita bread in the walk-in refrigerator.

Plan of Correction (POC)

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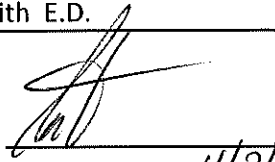
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Regulation	Target Date by Which Correction will be Completed	Plan of Correction
103.i	6-Mar	Item was discarded immediately
	Ongoing	Dining Services Director and Chefs to check freezer and walk-in refrigerator at minimum twice per shift for unlabeled/dated items.
	3-Apr	All kitchen staff attended mandatory training on proper labeling and dating items in kitchen.
	17-Jun	POC to be reviewed at Quarterly Quality Improvement meeting.
	Ongoing	Chef flow sheets/job description include checking all areas for unlabeled/undated items.

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

On 03/05/2020, there was an accumulation of lint in the lint trap of the clothes dryer on the second floor memory care unit. There were no clothes in the dryer at the time.

Plan of Correction (POC)

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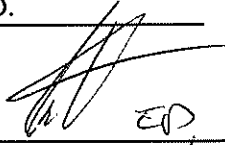
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Regulation	Target Date by Which Correction will be Completed	Plan of Correction
105.g	6-Mar	Lint trap was cleaned immediately
	Ongoing	Staff have been instructed to clean lint trap after every use of the dryer.
	10-Mar	Wellness Director, Assistant Wellness Director, and Reflections Coordinator to check lint traps in all machines at least once daily.
	17-Jun	POC to be reviewed at Quarterly Quality Improvement meeting.
	23-Apr	All staff to attend mandatory in-service and training on the importance of cleaning lint traps and how to properly clean lint traps.
	10-Mar	Maintenance to check industrial dryer once per shift.

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

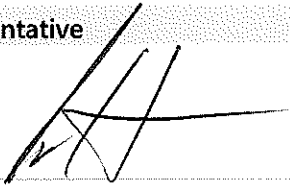
On 03/06/2020, an opened and undated NovoLog FlexPen and Lantus SoloStar Insulin Glargine injection pen were observed on the medication cart. According to the manufacturer's instructions both medications are to be discarded after 28 days.

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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

On 03/06/2020, a loose pill was observed on the secured dementia unit medication cart.

On 03/06/2020, a loose pill was observed on the third floor medication cart.

Plan of Correction (POC)

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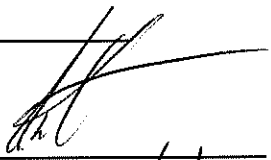
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Regulation	Target Date by Which Correction will be Completed	Plan of Correction
185a	6-Mar	Medications were destroyed immediately.
	6-Mar	Medications did not belong to community and were in the drawer track when new carts were delivered
	6-Mar	Provider of carts, IPPC, was notified of found medications by Wellness Director
	17-Jun	POC to be reviewed at Quarterly Quality Improvement meeting.
	3-Apr	All Wellness nurses to be in serviced on new audit sheets by Wellness Director or Reflections Coordinator.
	5-Apr	Daily check of medications carts, including drawer tracks and other areas outside of drawers to be conducted by a registered nurse for a period of six weeks.
	Ongoing	All new medications carts will be stripped and searched by a registered nurse or Wellness Director.