

Department of Human Services
Bureau of Human Service Licensing

July 22, 2020

WELL BL OPCO LLC
525 FELLOWSHIP ROAD, SUITE 360
ATTN BRENDA BACON
MOUNT LAUREL, NJ, 8054

RE: BRANDYWINE LIVING AT
LONGWOOD
301 VICTORIA GARDENS DRIVE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 14430

Dear Ms. Bacon,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/15/2020, 06/12/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

Name: *BRANDYWINE LIVING AT LONGWOOD* License #: *14430* License Expiration Date: *06/14/2021*
 Address: *301 VICTORIA GARDENS DRIVE, KENNETT SQUARE, PA 19348*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Paola Fusaro* Phone: *4847346200* Email:
pfusaro@BRANDYCARE.com; shparker@pa.gov

Legal Entity

Name: *WELL BL OPCO LLC*
 Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*
 Phone: *4847346200* Email: *BBACON@BRANDYCARE.COM*

Certificate(s) of Occupancy

Type: *Other* Date: *04/23/2020* Issued By: *n/a*

Staffing Hours

Resident Support Staff: Total Daily Staff: *101* Waking Staff: *76*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/12/2020*

Inspection Dates and Department Representative

04/15/2020 - Off-Site: Jennie Heinberg
06/12/2020 - Off-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *2 levels* Capacity: *67* Residents Served: *21*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *34* Have Physical Disability: *3*

Inspections / Reviews

04/15/2020 - Partial

Lead Inspector: *Jennie Heinberg*Follow-Up Type: *POC Submission*Follow-Up Date: *07/20/2020*

7/22/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *07/29/2020*

225c - Additional Assessment**1. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On April 23, 2020; it was discovered that resident #1 had several incidents caused by behavioral issues. Resident #1's initial Resident Assessment Support Plan (RASP), completed on 10/21/18 and Annual RASP completed on 10/1/19 did not address resident #1's aggressive, irritability, and agitation behavior issues for staff to direct resident #1 appropriately.

Plan of Correction - 07/22/2020**Accept**

The care plan for Resident #1 was updated on 4/18/20 with aggression, agitation and irritability properly coded and interventions listed to address these issues if or when they occur. The updated RASP was not placed in the chart immediately as the family signature had not yet been received. However, the staff assignment sheet was updated on 4/18/20 with interventions related to behaviors due to the incident that occurred on and after 4/13/20.

The Reflections Coordinator/Assistant Wellness Director or Designee will continue to be responsible for updating care plans with significant changes and placing the updated care plan in the chart while awaiting family signature.

A review of completed RASPs, including the initial, annual and significant changes will be reviewed monthly in our QA meeting by the Reflections Coordinator/Wellness Director.

Completion Date: 04/18/2020