



Sent via e-mail bbacon@brandycare.com
Sent via e-mail pfusaro@brandycare.com
August 27, 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 May 13, 14, 15, and 18, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
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, NHA*

Phone: *4847346200*

Email: *pfusaro@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:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *97*

Waking Staff: *73*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

05/13/2020 - Off-Site: Dean Gray

05/14/2020 - Off-Site: Dean Gray

05/15/2020 - Off-Site: Dean Gray

05/18/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92*

Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Reflections*

Capacity: *23*

Residents Served: *19*

Hospice

Current Residents: *7/15*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *65*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *32*

Have Physical Disability: *3*

42c - Treatment of Residents

Regulations

2600.

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

Description of Violation

Resident #1, who has dementia, has a behavior of counting to ten loudly. Multiple staff members stated in telephone interviews that, on 05/07/2020, staff member A was mocking the resident's counting habit and loudly yelling at resident #1 "how do you like it?", "you don't like it do you?", "shut up!".

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.)

2600.42c -Treatment of Residents

Brandywine Living has a zero tolerance policy for any type of violation of Resident Rights. When a staff member reported a verbal incident witnessed between a Care Manager and a resident, an investigation was immediately initiated. The identified Care Manager was suspended and subsequently terminated. The resident's family was notified and the resident was also evaluated and found to have no recollection of the interaction.

Mandatory in-services were immediately started for all staff to review (a) Resident Rights, (b) our company T.R.U.S.T. Pledge which is our company zero tolerance policy statement, and (c) proper reporting procedures.

The mandatory in-services for all staff members were conducted from 5/21/20 through 6/17/20. (See Attachment A)

The Executive Director or Designee will continue to review the T.R.U.S.T. Pledge and Resident Rights upon hire and monthly with staff, during the monthly communication meeting.

Legal Entity Representative

Paula Fosaro
Signature

Paula Fosaro / Executive Director 6/18/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/12/20 Plan of correction implementation status as of 8/12/20
(Date) (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by *MF*
(Initials)

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

2600.54a Direct Care Staff persons shall have proof of high school diploma, GED or active registry status on the Pennsylvania Nurse Aide Registry.

Direct Care Staff Person A, hired 2/5/20, did not provide a required copy of her high school diploma upon hire.

All Direct Care Staff files were audited on 5/15/20 to ensure that copies of the appropriate documentation are present including high school diploma or certification. All files were found to be in compliance.

The Human Resources Director or Designee will be responsible for obtaining the required pre-employment documentation for Direct Care Staff. An audit of Direct Care Staff files will be completed on a monthly basis. The audit will be completed for all Direct Care Staff hired each month. The report will be submitted at the monthly Quality Assurance meeting. (See Attachment B)

Legal Entity Representative

Paola Fusaro
Signature

Paola Fusaro / Executive Director 6/18/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/12/20
(Date)

Plan of correction implementation status as of 8/12/20
(Date)

The above plan of correction was approved by *MF*
(Initials)

- Implemented
- Not Implemented