

Department of Human Services
Bureau of Human Service Licensing

December 7, 2020

BRENDA BACON, LEGAL REP
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 07/21/2020, 10/28/2020 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

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING 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: *I-1* Date: *12/14/2007* Issued By: *Kennett Square*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/06/2020*

Inspection Dates and Department Representative

07/21/2020 - Off-Site: Jennie Heinberg
10/28/2020 - On-Site: Jennie Heinberg, Susan Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *unknown* Capacity: *23* Residents Served: *19*

Hospice

Current Residents: *5*

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: *33* Have Physical Disability: *33*

Inspections / Reviews

07/21/2020 - Partial

Lead Inspector: *Jennie Heinberg*Follow-Up Type: *POC Submission*Follow-Up Date: *11/18/2020*

12/7/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *12/14/2020*

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff member A persuaded Resident #1 into a sexual relationship.

On 7/9/2020 at approximately 12:30pm, Staff member B entered the bedroom of Resident #1 and witnessed Staff member A, who is activity staff, lying on the residents bed with his pants down masturbating to pornography on his cell phone. Staff member A reported the incident to Staff member C, the homes Executive Director. Staff member A and Staff member B both gave statements Staff member C on what occurred. During a conference call Staff member A admitted to Staff member C, sexual activity had taken place between he and the resident "a couple of times". On 7/09/2020, Resident #1 told Staff member C that she was in an ongoing sexual relationship with Staff member A since some time last year (2019), and she asked him to stop "about two months ago" but he would not take no for an answer. Resident #1 expressed to Staff member C that Staff member A would return later to engage in sexual intercourse with her. The resident stated that the sexual activity had gone on for about a year. Resident #1 told representatives of the Department that on approximately 05-01-2020 she notified Staff member A to no longer engage in sexual activity with her. Resident #1 stated that besides the sexual intercourse, Staff member A would enter her room periodically and masturbate to pornography on his cell phone. The police were notified and Staff Member A was subsequently fired.

42b - Abuse (continued)

Plan of Correction**Accept**

While this incident involves a Personal Care resident independent of all ADL's and a longtime employee with no previous observed or reported inappropriate incidents, a consensual sexual relationship between a staff member and a resident is not permitted under any circumstance.

Staff Member A was immediately terminated and applicable reporting agencies were promptly notified.

Brandywine Living has a zero tolerance policy for any type of violation of Resident Rights. Staff Members are trained and oriented to facility policies and state regulations in regards to Resident Rights and Resident Abuse upon hire. Each staff member signs a pledge not only as a condition of employment, but to also acknowledge their understanding that any type of inappropriate relationship between staff and residents is both morally and ethically wrong.

Mandatory in-services were conducted for all staff to review (a) Resident Rights, (b) Company T.R.U.S.T. Pledge, which is our company zero tolerance policy statement, and (c) Proper Reporting Procedures. These in-services were conducted immediately following the incident and addressed the full spectrum of resident rights and related reporting obligations. (See Attachment A)

Additional training on the specific topic of sexual misconduct was facilitated between November 16 and November 18, 2020, and will continue until all staff members have completed the training. This should conclude by November 24, 2020. (See Attachment B)

Additionally, a renewed T.R.U.S.T. Pledge was signed by all staff. (See Attachment C)

All new staff members will continue to have Resident Rights, Resident Abuse (including sexual abuse) and Reporting Requirements reviewed upon hire.

Resident Rights will continue to be reviewed upon admission and during monthly Resident Council meetings.

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

Completion Date: 11/24/2020