

Department of Human Services
Bureau of Human Service Licensing

September 21, 2020

PAOLA FUSARO, EXECUTIVE DIRECTOR
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. Fusaro,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/06/2020, 08/07/2020, 08/10/2020, 08/11/2020 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,
Mia Johnson

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,

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *12/14/2007* Issued By: *KENNETT SQUARE TOWNSHIP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/11/2020*

Inspection Dates and Department Representative

08/06/2020 - Off-Site: Tahesia Thomas
08/07/2020 - Off-Site: Tahesia Thomas
08/10/2020 - Off-Site: Tahesia Thomas
08/11/2020 - Off-Site: Tahesia Thomas

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: *10*

Hospice

Current Residents: *0*

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 34

Have Physical Disability: 3

Inspections / Reviews

08/06/2020 - Partial

Lead Inspector: *Tahesia Thomas*Follow-Up Type: *POC Submission*Follow-Up Date: *09/12/2020*

9/21/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *09/23/2020*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1, who was admitted to the home on 06/25/20, was prescribed Alprazolam 0.5 mg tablets PRN on 5/28/20 as a one time prescription. This bottle of medication with 22 pills in it was found in the residents room on 08/02/20.

Plan of Correction

Accept

Resident #1 had the prescription bottle for Alprazolam 0.5mg PRN prior to moving in to the community. The community was not aware of this medication nor aware that the bottle came with her belongings when moving into the community. While the resident is fully alert and oriented and aware of our medication storage and administration policies, the resident found the medication in her closet, and due to lack of sleep, decided to self-medicate in order to help her have a good night's sleep. This is not permitted for residents who are not self-medicating. A Managed Risk Agreement (attached) was completed and signed by Resident #1 explaining the risks of not complying with our Medication Storage and Administration Policy and the risk of discharge as a result.

Effective immediately, the Wellness Director or Designee will continue to review the medication storage and administration policy with residents and family members emphasizing that no medications can be kept in the resident's room. Additionally, reminding non self-medicating residents that any OTC or prescribed medications found in the room after admission, must be turned into Wellness for proper handling or disposal and non-compliance with this policy may lead to a 30 day notice of discharge (See attached Medication Management Policies and Procedures memo). The Medication Procedures will also be reinforced by the Director of Community Relations or Designee when completing move-in paperwork. Please see attached signed Residency Agreement, Acknowledgement forms and Family Handbook portion addressing medications.

Effective September 1, 2020, the Director of Community Relations or Designee will review all new move-in paperwork compliance to ensure that medication management policies and procedures have been reviewed and acknowledged by the Resident and/or Responsible Party and review the audit at the monthly QA meeting.

Completion Date: 09/01/2020

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

185b - Medication Procedures (continued)

Description of Violation

On 08/02/20, resident #1, who needs assistance with medication administration, took an unknown amount of Alprazolam 0.5 mg tablets PRN, which was prescribed and discontinued prior to the residents admission to the home. Resident #1 was aware of the home's medication policy. However, the policy was not re-enforced at the time of the admission into the home via the reconciliation of the medication.

Plan of Correction**Accept**

Resident #1 was admitted on 6/25/20 and asked that the community administer her medications. All medications were brought to Wellness upon move-in. All provided medications were reconciled. The bottle of Alprazolam 0.5mg tablets PRN was not provided to Wellness nor was this medication listed as a current medication on the required move-in medical paperwork. The medication was in a storage unit in the resident's closet with her clothing. The medication **could not** be reconciled at the time of admission as the community had no knowledge that it was in the building or in the resident's possession. Additionally, it appears that the resident was not aware that it was packed in her clothing bins prior to admission and found it 6 weeks after moving in to the community.

Effective immediately, the Wellness Director or Designee will continue to review the medication storage and administration policy with residents and family members emphasizing that no medications can be kept in the resident's room. Additionally, reminding non self-medicating residents that any OTC or prescribed medications found in the room after admission, must be turned into Wellness for proper handling or disposal and non-compliance with this policy may lead to a 30 day notice of discharge (See attached Medication Management Policies and Procedures memo). The Medication Procedures will also be reinforced by the Director of Community Relations or Designee when completing move-in paperwork. Please see attached signed Residency Agreement, Acknowledgement forms and Family Handbook portion addressing medications.

Starting the September 2020, the Director of Community Relations or Designee will review all new move-in paperwork compliance to ensure that medication management policies and procedures have been reviewed and acknowledged by the Resident and/or Responsible Party and review the audit at the monthly QA meeting.

Completion Date: 09/01/2020