

Department of Human Services  
Bureau of Human Service Licensing

February 5, 2021

██████████ ADMINISTRATOR  
CCRC-BRANDYWINE LLC  
25 FREEDOM BOULEVARD  
WEST BRANDYWINE, PA 19320

RE: THE GARDENS AT FREEDOM  
VILLAGE  
25 FREEDOM BOULEVARD  
WEST BRANDYWINE, PA, 19320  
LICENSE/COC#: 12600

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2020, 09/18/2020, 09/22/2020, 10/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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:** THE GARDENS AT FREEDOM VILLAGE      **License #:** 12600      **License Expiration Date:** 09/20/2021  
**Address:** 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320  
**County:** CHESTER      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 4842882300      **Email:** [REDACTED]

**Legal Entity**

**Name:** CCRC-BRANDYWINE LLC  
**Address:** 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA, 19320  
**Phone:** 4842882300      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 57      **Waking Staff:** 43

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 10/01/2020

**Inspection Dates and Department Representative**

09/11/2020 - Off-Site: [REDACTED]  
09/18/2020 - Off Site: [REDACTED]  
09/22/2020 - Off-Site: [REDACTED]  
10/01/2020 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 73      **Residents Served:** 57

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** NM

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 56  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 7  
**Have Mobility Need:** 0      **Have Physical Disability:** 7

## Inspections / Reviews

09/11/2020 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *02/15/2021*

2/4/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/08/2021*

2/5/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/8/20, staff person A witnessed an incident between staff person B and resident #1. During the incident, resident #1 asked staff person B to change [redacted] soiled wound bandage. Staff person B refused and stated it would be changed by Home Care later that day. Resident #1 and staff person B exchanged words and as staff person B was leaving out of the resident's room, [redacted] told staff person A [redacted] did not like the resident. [redacted] said it loud enough that the resident may have heard [redacted]. Staff person A stated, staff person B was mean, nasty and disrespectful towards resident #1. Staff person A did not report the incident to the Administrator until 9/10/20.

Thus, the home did not report this incident to the Department until 9/10/20.

Plan of Correction

Accept

Re-Education completed with Staff Member A on 9/10/20 to report incidents timely by the administrator (see attached training record).

Abuse reporting is part of annual training and new hire training (see attached training plans).

Completion Date: 09/10/2020

Document Submission

Implemented

See attached training records.

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

Resident #1 asked staff person B to change [redacted] soiled wound bandage. Staff person B refused and stated it would be changed by Home Care later that day. Resident #1 and staff person B exchanged words and as staff person B was leaving out of the resident's room, [redacted] told staff person A [redacted] did not like the resident. [redacted] said it loud enough that the resident may have heard [redacted]. Staff person A stated, staff person B was mean, nasty and disrespectful towards resident #1.

Staff person C was asked about resident #1's wound care. [redacted] stated, "the treatment is typically completed by home health nurse, however the staff at Freedom Village is to change if the dressing is soiled. On the day in question home health came in about 3 hours later to do the dressing change. [redacted] has chronic cellulitis which causes [redacted] legs to swell and then open up. [redacted] has had the areas on [redacted] legs for several years."

**42c - Treatment of Residents (continued)****Plan of Correction****Accept**

*Home Health provided treatment on 9/8/20 per the physicians order. Physician notified regarding delay in care no new orders were received.*

*Staff Person B was terminated on 9/10/20 for declining to provide requested treatment at the time of the request. (see attached termination letter)*

*All staff will receive training on abuse reporting and prevention as part of the annual and new hire training. (see attached training plans)*

*Health and Wellness Director or designee will monitor wound care to ensure home health orders are appropriate and that wound care is provided per physician orders quarterly.*

**Completion Date:** 09/10/2020

**Document Submission****Implemented**

*See attached termination letter and training plans.*