

Department of Human Services  
Bureau of Human Service Licensing

April 21, 2021

██████████ ADMINISTRATOR  
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC**

**Facility Information**

**Name:** BRANDYWINE LIVING AT LONGWOOD      **License #:** 14430      **License Expiration Date:** 07/15/2021  
**Address:** 301 VICTORIA GARDENS DRIVE, KENNETT SQUARE, PA 19348  
**County:** CHESTER      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 4847346200      **Email:** [REDACTED]

**Legal Entity**

**Name:** WELL BL OPCO LLC  
**Address:** 525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054  
**Phone:** 4847346200      **Email:** [REDACTED]

**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:** 80      **Waking Staff:** 60

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Provisional      **Exit Conference Date:** 03/29/2021

**Inspection Dates and Department Representative**

03/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 92      **Residents Served:** 50

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** SDCU      **Capacity:** 23      **Residents Served:** 16

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 54  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 30      **Have Physical Disability:** 4

## Inspections / Reviews

03/29/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/17/2021*

4/14/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/17/2021*

4/21/2021 - 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 [REDACTED], resident #1 had an unwitnessed fall, the home did not report this incident to the Department until 03/15/21.

Plan of Correction

Accept

On [REDACTED] Resident #1 had a fall and was found by staff who responded to the resident calling for help. Upon assessment, the resident was sent to the Emergency Room for evaluation per physician. The resident returned the same day with no new orders and resumed normal activity level. It was determined on Monday, 3/15/21 that the Emergency Room x-ray report indicated an indeterminate age of a mild compression deformity of the L1. There was no new injury to be reported but the report was still submitted one day late.

The reportable list of events and regulation 2600.16c has been reviewed with the nursing staff on 4/8/21 and 4/9/21. (See Attachment)

The Wellness Director, Executive Director or Designee will be responsible for a verbal or written report to be made to the state within 24 hours regarding any incidents that are reportable.

The Wellness Director will complete a monthly audit showing timeline compliance of Department reported incidents which will be reviewed at the monthly QA meeting.

Completion Date: 04/13/2021

Document Submission

Implemented

POC submitted 4/13/21 and accepted. Please see the in-service attachment.