

Department of Human Services  
Bureau of Human Service Licensing

June 17, 2021

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

RE: THE INN AT FREEDOM VILLAGE  
25 FREEDOM BOULEVARD  
WEST BRANDYWINE, PA, 19320  
LICENSE/COC#: 11875

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021 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 INN AT FREEDOM VILLAGE      **Licen e #:** 11875      **Licen e Expiration Date:** 06/20/2021  
**Adre :** 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320  
**County:** CHESTER      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6103835100/ 484-288-2654      **Email:** [REDACTED]

**Legal Entity**

**Name:** CCRC-BRANDYWINE LLC  
**Address:** 25 FREEDOM BLOUVARD, WEST BRANDYWINE, PA, 19320  
**Phone:** 6103835100      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other      **Date:** 11/03/2006      **Issued By:** West Brandywine Twp

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 32      **Waking Staff:** 24

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 05/26/2021

**Inspection Dates and Department Representative**

05/26/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 25      **Residents Served:** 16

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 25      **Residents Served:** 16

**Hospice**

**Current Re ident :** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 16  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 16      **Have Physical Disability:** 0

## Inspections / Reviews

05/26/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/18/2021*

6/14/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/21/2021*

6/17/2021 - Document Submission

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

## 82c - Locking Poisonous Materials

## 1. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

## Description of Violation

*On 5/26/21 in resident #1's personal bathroom, there is a plastic chest of drawers under the sink. In the second drawer down, there are two bottles of Listerine Mouth wash with a manufacturer's label that reads "contact poison control if more than needed for rinsing is ingested" and a tube of Crest Prohealth toothpaste with a label that reads "if more than needed for brushing is swallowed, seek medical help or contact poison control right away." The drawers, the bathroom door, and the residents bed room door are all unlocked and the residents room is accessible to residents of the home.*

## Plan of Correction

Accept

- Items removed and locked in a bathroom cabinet by program manager.
- An audit was completed the program manager of all residents' rooms; no other unsafe items observed.
- A notice was sent to family/responsible parties by PCHA to remind them of the community policy regarding bringing items from home and then to staff to be labeled and stored properly.
- On going checks to be completed by overnight staff or designee.

Completion Date: 06/14/2021

## Document Submission

Implemented

Attachment A- Audit

Attachment B- Letter to family

Attachment C- Staff education

## 85a - Sanitary Conditions

## 1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

## Description of Violation

*On 5/26/21, while preparing medications for administration for resident #2, Staff person A, did not clean or sanitize the surface of the medication cart counter top prior to pouring medications. Staff person A, poured a tablet and a capsule into a medication cup. Then they used a plastic spoon to scoop out the capsule capsule from the medication cup, then placed the spoon, with the capsule in it, on the un-sanitized surface. The staff person then poured the contents of the capsule into applesauce, then used the spoon that was resting on the unclean counter top to mix the medication into the applesauce. Staff person A then used the same spoon to administer the medication/applesauce mixture directly into resident #2's mouth.*

## Plan of Correction

Accept

- Verbal Education completed with Nurse A by [REDACTED] on 5/26/21.
- Education completed with all Memory Care nursing staff by [REDACTED] on 6/11/21.
- HWD or designee will complete audits of medication pass quarterly.

Completion Date: 06/14/2021

85a - Sanitary Conditions *(continued)***Document Submission****Implemented***Attachment D- Nursing education*

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 5/26/21, there was no thermometer in the small refrigerator or freezer in the dining area.*

**Plan of Correction****Accept**

- *Immediately on 5/26/21 a thermometer was placed in staff refrigerator and freezer by maintenance director.*
- *Refrigerator was identified as staff only refrigerator.*

**Completion Date:** 06/14/2021

**Document Submission****Implemented***Attachment E-Staff education for refrigerator use*

## 103i - Outdated Food

**1. Requirements**

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There was an unlabeled, undated small container of what appeared to frozen mixed berries in the small refrigerator/freezer located in the dining area.*

**Plan of Correction****Accept**

- *Immediately on 5/26/21 staff food was disposed of by program manager.*
- *Education on proper dating completed with staff on 6/11/21 by PCHA.*
- *Refrigerator was identified as staff only refrigerator.*

**Completion Date:** 06/14/2021

**Document Submission****Implemented***Attachment E-Staff education for refrigerator use*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**185a - Implement Storage Procedures (continued)****Description of Violation**

*Resident #3 has an order for Cloraseptic Throat spray- two sprays by mouth as needed for sore throat. This medication was not present on the medication cart on 5/26/21.*

**Plan of Correction****Accept**

- The Primary Care physician. was called the medication was discontinued.*
- An audit was completed by [REDACTED] to ensure all medications ordered for residents were available on 5/27/21.*
- [REDACTED] or designee will complete audits of medication carts to ensure availability of prescribed medications quarterly.*

**Completion Date:** 06/14/2021

**Document Submission****Implemented**

*Attachment D-nurse education*