





July 19, 2021

██████████  
Executive Director  
WELL BL OPCO, LLC  
Attn: Brenda Bacon  
525 Fellowship Road, Suite 360  
Mount Laurel, New Jersey 08054

RE: Brandywine Living at Longwood  
301 Victoria Gardens Drive  
Kennett Square, Pennsylvania 19348  
License #: 144300

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 28 and June 2, 2021, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**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 TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Provisional* Exit Conference Date: *06/02/2021*

**Inspection Dates and Department Representative**

*05/28/2021 - On-Site:* [REDACTED]  
*06/02/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *92* Residents Served: *51*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reflections* Capacity: *23* Residents Served: *20*

**Hospice**

Current Residents: *6*

**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: *32* Have Physical Disability: *3*

## Inspections / Reviews

05/28/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2021*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/05/2021*

7/15/2021 - Document Submission

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

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*On 6/2/2021, at approximately 10:27am , the medication cart located on the second floor was left unlocked, unattended, and accessible.*

### Plan of Correction

**Accept**

*On 6/2/21 and 6/29/21, the medication cart locking procedure was reviewed. All nurses have been in-serviced to lock the medication cart and further instructed to check the locked status by pulling on the drawer to ensure it is secured.*

*The Wellness Director or Designee will be responsible for completing a weekly audit check of unattended medication cart(s) to ensure they are properly secured.*

*The Wellness Director or Designee will complete the weekly audit and review the report in the monthly QA meeting.*

**Completion Date:** 06/29/2021

### Document Submission

**Implemented**

*Medication Cart Locking Procedure In-service conducted for nurses on 6/2/21 and 6/29/21. Attached please find the In-service sheet and procedure reviewed.*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

### Description of Violation

*CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.*

*The home's basement, where the natural gas fueled boiler and clothes dryer is located, had no carbon monoxide detector to meet compliance under Pennsylvania Statutes Title 35 P.S. Health and Safety § 7243.(a)(1) Facility powers and duties*

**18 - Compliance With Laws (continued)****Plan of Correction****Accept**

*On 6/2/21, all Carbon Monoxide detectors were checked and secured to an outlet with a bracket. All detectors are labeled and within the required proximity according to Pennsylvania Statutes Title 35 P.S Health and Safety 7243 (a) (1) Facility powers and duties. .*

*The Environmental Services Director or Designee will be responsible for weekly audits of each carbon monoxide detector to ensure it is properly labeled and secured within the required proximity.*

*The Environmental Services Director or Designee will complete the weekly audit and review the report in the monthly QA Meeting.*

**Completion Date:** 06/02/2021

**Update - 07/02/2021**

**Document Submission****Implemented**

*All Carbon Monoxide detectors were checked and placed within the required proximity of a fossil-fuel burning device or appliance and secured to the location with a bracket. Attached please find a photo of the secured detector which is also labeled with a battery check date.*