Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

[REDACTED] AUTHORIZED SIGNATORY
WELL BL OPCO LLC
525 FELLOWSHIP ROAD, SUITE 360
ATTN BRENDA BACON
MOUNT LAUREL, NJ 8054

RE: BRANDYWINE LIVING AT
HAVERFORD ESTATES
731 OLD BUCK LANE
HAVERFORD, PA, 19041
LICENSE/COC#: 14433

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2021, 06/17/2021 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: *BRANDYWINE LIVING AT HAVERFORD ESTATES* **Licen e #**: *14433* **Licen e Expiration Date**: *05/09/2022*
Addre : *731 OLD BUCK LANE, HAVERFORD, PA 19041*
County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *6105271800* **Email**: [redacted]

Legal Entity

Name: *WELL BL OPCO LLC*
Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*
Phone: *6105271800* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/05/2000* **Issued By**: *COPA L&I*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *102* **Waking Staff**: *77*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *06/17/2021*

Inspection Dates and Department Representative

06/16/2021 - On-Site: [redacted]
06/17/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* **Residents Served**: *65*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reflections* **Capacity**: *24* **Residents Served**: *20*

Hospice

Current Re ident : *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *65*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *37* **Have Physical Disability**: *0*

Inspections / Reviews

06/16/2021 - Full

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *07/09/2021*

6/30/2021 POC Submi ion

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

7/1/2021 - 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 6/17/21, a bottle of Listerine Mouthwash, with a manufacture's label indicating "if more than used for rinsing is accidentally swallowed, get medical help or contact Poison Control Center right away", was unlocked, unattended, and accessible to in resident #1s bathroom. Resident #1s bedroom/bathroom is located in the Secure Dementia Care Unit (SDCU) of the home. Not all the residents of the home, including residents in the SDCU, have been assessed capable of recognizing and using poisons safely.

Plan of Correction **Accept**

Listerine was removed and discarded
Memory Care Coordinator or designee will inspect medicine cabinets no less than three days per week for poisonous materials
Training on poisonous materials to be conducted at June 23 ALL staff meeting
Violation to be reviewed at Quality Improvement meeting on June 29.
Family member will be contacted in regard to this item and educated on the use of poisonous materials for a memory care resident no later than June 23

Completion Date: *06/23/2021*

Document Submission **Implemented**

Listerine was removed and discarded
Memory Care Coordinator or designee will inspect medicine cabinets no less than three days per week for poisonous materials
Training on poisonous materials to be conducted at June 23 ALL staff meeting
Violation to be reviewed at Quality Improvement meeting on June 29.
Family member will be contacted in regard to this item and educated on the use of poisonous materials for a memory care resident

85e - Trash Outside Home

1. **Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/16/21 at approximately 10:00am the green dumpster outside of the home located by the back dock area, had both lids open. The dumpster had several boxes and other items of trash in the dumpster and it was not currently in use.

85e - Trash Outside Home *(continued)*

Plan of Correction **Accept**

Dumpster lid was closed immediately
Training on the importance of closed dumpster to be conducted at June 23 ALL staff meeting
Maintenance and housekeeping teams to ensure dumpster is closed on daily rounds or when disposing of trash
Violation to be reviewed at Quality Improvement meeting on June 29.

Completion Date: *06/23/2021*

Document Submission **Implemented**

Dumpster lid was closed immediately
Training on the importance of closed dumpster to be conducted at June 23 ALL staff meeting
Maintenance and housekeeping teams to ensure dumpster is closed on daily rounds or when disposing of trash
Violation to be reviewed at Quality Improvement meeting on June 29.

88a - Surfaces

1. **Requirements**

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/16/21 The shade and rails on the gazebo located in the gated courtyard where in disrepair. The rails appeared to be off track and damaged and the shade was falling down in the center creating a puddle of water in the folds. The water appears to be staining the fabric or growing a dark brown/black mold like substance.

Additionally, in the courtyard, the first floor laundry area vent is located on the exterior wall of the building. The vent slats are covered in lint and lint is visible in the openings and appears to be clogging the vent from the inside. The blocked vent presents a hazardous situation.

Plan of Correction **Accept**

Lint was removed from outdoor vent
Duct cleaning was update from a 6 month schedule to a quarterly schedule
Umbrella/awning removed and discarded
Environmental Service Director or designee will perform weekly rounds to inspect all outdoor vents and umbrellas and canopies.
Violation to be reviewed at Quality Improvement meeting on June 29.

Completion Date: *06/29/2021*

Document Submission **Implemented**

Lint was removed from outdoor vent
Duct cleaning was update from a 6 month schedule to a quarterly schedule
Umbrella/awning removed and discarded
Environmental Service Director or designee will perform weekly rounds to inspect all outdoor vents and umbrellas and canopies.
Violation to be reviewed at Quality Improvement meeting on June 29.

184b - Resident's Meds Labeled

1. **Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/17/21, bottle of Centrum Vitamins, a bottle of Tylenol Extra Strength Rapid Relief, and two bottles of Vitamin D3 were found in the 2nd drawer of 3rd floor PC cart. The bottles were not labeled with the resident's name.

Plan of Correction **Accept**

OTC medication was disposed of properly
Cart audits to be conducted weekly by Wellness Director, Assistant Wellness Director, or Memory Care Coordinator to ensure all items are labeled correctly for 3 months
Sign off sheet will be created and will be signed by cart auditor after each cart inspection
In-service to be conducted for all nurses on the medication labeling not later than 6/25/21
Violation to be reviewed at Quality Improvement meeting on June 29.
new labeling protocol in place with "mail Labels" that includes all required information

Completion Date: *06/25/2021*

Document Submission **Implemented**

OTC medication was disposed of properly
Cart audits to be conducted weekly by Wellness Director, Assistant Wellness Director, or Memory Care Coordinator to ensure all items are labeled correctly for 3 months
Sign off sheet will be created and will be signed by cart auditor after each cart inspection
In service to be conducted for all nurses on the medication labeling not later than 6/25/21
Violation to be reviewed at Quality Improvement meeting on June 29.

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.

Description of Violation

Resident #2's Glucometer is not calibrated to the correct date and time. Meter date is set at 6/16/21 at 10:26am, the actual date is 6/17/21 and time is 10:40am.

The following recorded glucose levels do not match the readings in the meter for resident #2:
6/12/21- Glucose Log recorded as 146 @ 6:31am- corresponding reading in the meter is 160
6/17/21- Glucose Log recorded as 132 @ 7:26am- corresponding reading in the meter is 142

The following recorded glucose levels do not match the readings in the meter for resident #3:
6/5/21- Glucose Log recorded as 311 @ 11:18aa- corresponding reading in the meter is 310
6/6/21- Glucose Log recorded as 299 @ 8:57am- corresponding reading in the meter is 229

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

All glucometers will be checked weekly for three months by
a Licensed Nurse for correct date and time.

At time of check Wellness Nurse will complete Glucometer Audit sheet that will be kept in narcotic binder

Wellness Director will check glucometers and audit sheets
weekly for accuracy and completion.

All Wellness Nurse's will attend mandatory in-service on
usage and calibration of glucometers no later than 6/25/21

Wellness Director or Assistant Wellness Director will correct
dates on glucometers at Daylight Savings Time.

Policy to be reviewed at quarterly Quality Improvement meeting on June 29

Completion Date: *06/25/2021*

Document Submission **Implemented**

All glucometers will be checked weekly for three months by
a Licensed Nurse for correct date and time.

At time of check Wellness Nurse will complete Glucometer Audit sheet that will be kept in narcotic binder

Wellness Director will check glucometers and audit sheets
weekly for accuracy and completion.

All Wellness Nurse's will attend mandatory in-service on
usage and calibration of glucometers no later than 6/25/21

Wellness Director or Assistant Wellness Director will correct
dates on glucometers at Daylight Savings Time.

Policy to be reviewed at quarterly Quality Improvement meeting on June 29

187d - Follow Prescriber's Orders

1. **Requirements**

   2600.
   187.d. The home shall follow the directions of the prescriber.

   Description of Violation

   Resident #4 is prescribed Vitamin B12 50mcg – take 1 by mouth daily scheduled for 8:00am. This medication is not present on the medication cart on 6/17/21.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Medication has been received
Cart audits to be conducted weekly by Wellness Director, Assistant Wellness Director, or Memory Care Coordinator to ensure all items are properly re-ordered
Sign off sheet will be created and will be signed by cart auditor after each cart inspection.
n-service to be conducted for all nurses on the reordering of medications and communication In regard to the need for medications no later than 6/25/21
iolation to be reviewed at Quality Improvement meeting on June 29.
f family is providing medications and does not respond to the need for a refill in a timely manner, community will order necessary medication from pharmacy.

Completion Date: *06/25/2021*

Document Submission **Implemented**

Medication has been received
Cart audits to be conducted weekly by Wellness Director, Assistant Wellness Director, or Memory Care Coordinator to ensure all items are properly re-ordered
Sign off sheet will be created and will be signed by cart auditor after each cart inspection.
n-service to be conducted for all nurses on the reordering of medications and communication In regard to the need for medications no later than 6/25/21
iolation to be reviewed at Quality Improvement meeting on June 29.
f family is providing medications and does not respond to the need for a refill in a timely manner, community will order necessary medication from pharmacy.

227d - Support Plan Medical/Dental

1. **Requirements**

2600.
227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [redacted] does not address the residents need for eating, drinking, transferring, toileting. The residents level of need is not indicated for any of these items.

227d - Support Plan Medical/Dental *(continued)*

Plan of Correction **Accept**

RASP updated to include completion of initial page

Wellness Director or designee will audit and ensure all RASPs are
current and have identified current resident needs in all designated areas.

iolation to be reviewed at Quality Improvement meeting on June 29.

RASP in-service to be hosted by Wellness Director for Assistant Wellness Director and Memory Care Director no later than 6/23/21
All RASP authors will ensure that RASP prints correctly before completion.

Completion Date: *06/25/2021*

Document Submission **Implemented**

RASP updated to include completion of initial page

Wellness Director or designee will audit and ensure all RASPs are
current and have identified current resident needs in all designated areas.

iolation to be reviewed at Quality Improvement meeting on June 29.

RASP in-service to be hosted by Wellness Director for Assistant Wellness Director and Memory Care Director no later than 6/23/21
All RASP authors will ensure that RASP prints correctly before completion.

227g -Support Plan Signatures

1. **Requirements**

   2600.
   227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

   Description of Violation

   Resident #5 participated in the development of his/her support plan on . However, the resident did not sign the support plan.

   Resident #6 participated in the development of his/her support plan on However, the resident did not sign the support plan.

227g -Support Plan Signatures *(continued)*

Plan of Correction **Accept**

RASPs updated to include all signatures

Wellness Director or designee will audit and ensure all RASPs are
current and have identified completion of all RASPs including signatures.
RASP will include documentation of date and times if signature is refused and appropriate box be will be marked.

Violation to be reviewed at Quality Improvement meeting on June 29.

RASP in service to be hosted by Wellness Director for Assistant Wellness Director and Memory Care Director no later than 6/23/21
All RASP authors will ensure that RASP s have signatures or are marked appropriately before completion.

Completion Date *06/25/2021*

Document Submission **Implemented**

RASPs updated to include all signatures

Wellness Director or designee will audit and ensure all RASPs are
current and have identified completion of all RAPs including signatures. RASP will include documentation of date and times if signature is refused and appropriate box be will be marked.

Violation to be reviewed at Quality Improvement meeting on June 29.

RASP in-service to be hosted by Wellness Director for Assistant Wellness Director and Memory Care Director no later than 6/23/21
All RASP authors will ensure that RASP s have signatures or are marked appropriately before completion.