

Department of Human Services
Bureau of Human Service Licensing

October 8, 2021

[REDACTED]
WELL BL OPCO LLC
[REDACTED]
[REDACTED]

RE: BRANDYWINE LIVING AT UPPER
PROVIDENCE
1133 BLACK ROCK ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14431

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Sandi Wooters

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 UPPER PROVIDENCE* License #: *14431* License Expiration Date: *06/13/2022*
Address: *1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6109333250* Email: [REDACTED]

Legal Entity

Name: *WELL BL OPCO LLC*
Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*
Phone: *6109333250* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *95* Waking Staff: *71*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/27/2021*

Inspection Dates and Department Representative

07/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflection* Capacity: *26* Residents Served: *22*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

9/15/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/25/2021*

Inspections / Reviews *(continued)*

10/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

Resident #1 did sign the contract which has the Resident Rights listed in the body of it. Resident #1 was given a copy of the Resident Rights to sign after they were explained to her, including the right to refuse medication. Resident #1 had the complaint procedure explained to her. In the future the DCR will make sure the checklist, that is available, is signed by both the resident and the designee to acknowledge receipt of the information in subsection(d). The Executive Director will monitor compliance.

Completion Date: 08/04/2021

Document Submission

Implemented

see attached documentation

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

Resident Rights were reviewed with Resident #1 and signed. Resident had signed contract which has the Resident Rights in the body of the contract. In the future the DCR will make sure the resident signs the Resident Rights after educating them on all points, especially the right to refuse medication if they believe there was an error. The Executive Director will audit all new records for compliance.

Completion Date: 08/04/2021

Document Submission

Implemented

see attached documentation

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.

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

The assessment for resident #2, dated [REDACTED], was not updated to address the residents increase in falls including nine falls from January, 2021 through July, 2021. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction**Accept**

Resident #2 is no longer living in the community. The Wellness Director has updated the Support Plan to reflect each fall and what intervention was done in hopes of preventing more falls. In working with the family and the resident it was determined the resident needed a higher level of care. In the future the Wellness Director will use the appropriate forms to document any services or referrals made available to the resident. There Executive Director will monitor compliance.

Completion Date: 08/04/2021

Document Submission**Implemented**

see attached documentation

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident #1's written cognitive preadmission screening was completed but not dated.

Plan of Correction**Accept**

Resident #1 has had their cognitive pre screen appropriately dated. The Wellness Director has trained the daytime Reflections nurse supervisor to check for a dated cognitive pre screen upon resident move in. The Wellness Director has audited the existing resident records for compliance. The Wellness Director will date all cognitive prescreens before move in. The Executive Director will monitor compliance.

Completion Date: 08/04/2021

Document Submission**Implemented**

see attached documentation