

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

Facility Information

Name: *BRANDYWINE LIVING AT HAVERFORD ESTATES* License #: *14433* License Expiration Date: *05/09/2022*
Address: *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

Staffing Hours

Resident Support Staff: Total Daily Staff: *114* Waking Staff: *86*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/26/2021*

Inspection Dates and Department Representative

10/26/2021 - Off-Site: [REDACTED]
10/29/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* Residents Served: *62*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *52* Have Physical Disability: *0*

Inspections / Reviews

10/26/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2021*

Inspections / Reviews (*continued*)

11/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/24/2021*

11/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed on from his/her room on 7/14/21; however, the refund was not issued until [REDACTED].

Resident #2 passed away on [REDACTED]. Resident #2's personal belongings were removed from his/her room on 7/14/21; however, the refund was not issued until [REDACTED].

Resident #3 passed away on [REDACTED]. Resident # 3's personal belongings were removed from his/her room on 8/18/21; however, the refund has not been issued as of [REDACTED].

Plan of Correction**Accept**

Effective immediately all refunds will be processed on first business day of the resident's last billing date in community

Effective immediately Executive Director and Business Office Manager will complete Refund Audit Sheet (see attached) that will include final billing date, refund submission date, date check was issued, check amount, and will require the signature of Executive Director and Business Office Manager

Effective immediately Audit sheet will be completed for no less than 12 months

In the event that the Brandywine designee is out of the office at time of final billing date, Executive Director will designate an alternate person from another Brandywine community to complete process

Business Office Manager will continue to note all conversations with family receiving refund in good faith

Violation will be discussed and POC evaluated at Quarterly Quality Improvement meeting on 12/29/21

Resident #3 Refund issued 10/29/21

Completion Date: 11/05/2021

28e - Death of a Resident (*continued*)**Document Submission****Implemented**

Effective immediately all refunds will be processed on first business day of the resident's last billing date in community

Effective immediately Executive Director and Business Office Manager will complete Refund Audit Sheet (see attached) that will include final billing date, refund submission date, date check was issued, check amount, and will require the signature of Executive Director and Business Office Manager

*Effective immediately Audit sheet will be completed for no less than 12 months
In the event that the Brandywine designee is out of the office at time of final billing date, Executive Director will designate an alternate person from another Brandywine community to complete process*

Business Office Manager will continue to note all conversations with family receiving refund in good faith

Violation will be discussed and POC evaluated at Quarterly Quality Improvement meeting on 12/29/21

Resident #3 Refund issued 10/29/21