

Department of Human Services
Bureau of Human Service Licensing

April 5, 2022

[REDACTED]

WELL BL OPCO LLC

[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *BRANDYWINE LIVING AT HAVERFORD ESTATES* License #: *14433* License Expiration: *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

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/14/2022*

Inspection Dates and Department Representative

03/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections/Serenade* Capacity: *24* Residents Served: *23*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *46* Have Physical Disability: *0*

Inspections / Reviews

03/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2022*

03/16/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 1 participated in the development of their support plan on [redacted] The resident did not sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept

Appropriate box marked in designated area "Resident unable to sign."

Care plan audits will be conducted by Wellness Director and Assistant Wellness Director to confirm that all areas of RASP are complete starting immediately with a completion date of no later than 3/30/22.

All care plans will be reviewed after completion by either the Assistant Wellness Director or Wellness Director to ensure all areas are completed as per regulation beginning immediately.

Plan of Correction to be reviewed at upcoming Quality Improvement meetings on 3/30/22 and 6/29/22.

Completion Date: 03/30/2022

Document Submission

Implemented

Supporting documentation attached including Quality Improvement review, Quality Improvement signatures, Support Plan completed.