

Department of Human Services
Bureau of Human Service Licensing

May 19, 2022

[REDACTED]
CCRC-BRANDYWINE LLC
25 FREEDOM BLOUARD
WEST BRANDYWINE, PA, 19320

RE: THE INN AT FREEDOM VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 11875

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/29/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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**

Facility Information

Name: *THE INN AT FREEDOM VILLAGE* License #: *11875* License Expiration: *06/20/2023*
Address: *25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]
6103835100, [REDACTED]

Legal Entity

Name: *CCRC-BRANDYWINE LLC*
Address: *25 FREEDOM BLOUVARD, WEST BRANDYWINE, PA, 19320*
Phone: *6103835100* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/23/1998* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/29/2022*

Inspection Dates and Department Representative

04/29/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *17*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Inn* Capacity: *25* Residents Served: *17*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

04/29/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2022*

Inspections / Reviews (*continued*)

05/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/23/2022*

05/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/20/2022*

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- 4. Dressing, undressing and care of clothes.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with dressing, undressing and selection of clothing. On 04/29/22 at 11am, resident #1 was still dressed in a nightgown from the evening prior. The resident awakens at 7am. The resident did not receive assistance with dressing as required.

Plan of Correction

Do Not Accept

Resident 1 refused to allow dressing assistance as indicated in Point of Care, point of care is part of electric support plan within point click care, documentation from caregiver on 4/29/22 (attachment A). Resident 1 did receive assistance with incontinence care (attachment A). Resident was clean/dry and resting per [REDACTED] preference. Resident 1 will continue to receive encouragement with ADL care, all residents have the right to refuse care. Ongoing staff will follow Point of Care, point of care is part of electric support plan within point click care, to ensure resident's care needs are met, and resident rights are followed.

Completion Date: 04/29/2022

Update: 05/18/2022

Who will be responsible, and by what methods, will the home ensure that ongoing staff are following the Point of Care? Please indicate title of responsible persons, methods used, and duration/timeframes.

Plan of Correction

Accept

Who will be responsible, and by what methods, will the home ensure that ongoing staff are following the Point of Care? Caregivers are following Point of Care as indicated in documentation dated 4/29/22 from caregiver that resident refused. Point of Care lists that caregivers and nursing are responsible for care. Please indicate title of responsible persons, methods used, and duration/timeframes. HWD or designee will update Support Plan/POC annual or with change in condition.

Completion Date: 05/18/2022

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Four bags of flour tortillas "La Bandetita" with an expiration date of 02/20/22 was found in the food pantry.

Plan of Correction

Accept

4/29/22 Tortillas were discarded.
4/29/22 Inventory inspected as delivery was received no additional expired items discovered.
On-going Dining manager or designee will monitor pantry inventory when new orders are received.

Completion Date: 05/17/2022

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], indicates the resident has a need for dressing. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Do Not Accept

Point of Care, point of care is part of electric support plan within point click care, indicates who will complete care/and supportive services (attachment B), point of care is part of electric support plan within point click care. 5/13/22 Audit completed to ensure all Point of Care documents indicate who provides service (attachment C) Ongoing Point of Care will be reviewed by HWD/Designee to ensure Support Plans indicate who provides support to resident.

Completion Date: 05/17/2022

Update: 05/18/2022

Has resident #1's plan been updated? How often, and for what duration, will the HWD/designee review Point of Care to ensure support plans are completed/updated?

Plan of Correction

Accept

Has resident #1's plan been updated? Support Plan/Point of Care was in place at time of the review, as indicated in attachment B. How often, and for what duration, will the HWD/designee review Point of Care to ensure support plans are completed/updated? HWD/Designee updates Support Plan/Point of Care annually and/or with a change in condition.

Completion Date: 05/18/2022

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident’s medical evaluation was completed on [REDACTED] and does not document the need for the resident to be served in the SDCU.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] The resident’s medical evaluation, completed on [REDACTED] does not document the need for the resident to be served in the SDCU.

Plan of Correction

Accept

4/29/22 PCP notified and provided update to DME to include SDCU admission documentation. 5/2/22 Audit of DME for all current Memory Care Residents completed (attachment D) 5/2/22 Communication sent to PCP of memory care residents to provide education when completing DME for memory care residents (attachment E). Ongoing PCHA/Designee will review new admission’s DME to ensure completion of all memory care admissions.

231b - Medical Evaluation (continued)

Completion Date: 05/17/2022