

Department of Human Services
Bureau of Human Service Licensing

May 11, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]
[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 05/03/2022, 05/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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* License #: *14433* License Expiration: *05/09/2023*
Address: *731 OLD BUCK LANE, HAVERFORD, PA 19041*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *IAN MONTEITH* Phone: *610-527-1800* Email: *imonteith@brandycare.com; shparker@pa.gov*

Legal Entity

Name: *WELL BL OPCO LLC*
Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*
Phone: *6105271800* Email: *imonteith@brandycare.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/05/2000* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *115* Waking Staff: *86*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site:
05/04/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *Capacity: 24* Residents Served: *21*
Reflections, 1st and 2nd fl.

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *45* Have Physical Disability: *0*

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

05/11/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a US high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

As instructed the community has contacted [REDACTED] in regard to a waiver or proof of equivalency with current HS diploma. (Please see attached correspondence).

On May 4th community contacted this employee's HS and requested transcripts as directed in regard to English and Science.

As instructed the community will be assessing equivalency with the use of a professional credential evaluator with all results being sent directly to [REDACTED].

All current employees will have an educational review to ensure any further waivers are addressed by the Business Office Manager no later than May 6, 2022.

Beginning immediately any potential care employee without a HS diploma from the United States will have a waiver or equivalency in place before working as a care manager.

Process to be reviewed at quarterly Quality Improvement meeting on June 29, 2022.

Completion Date: Immediately / Pending transcripts

Completion Date: 05/10/2022

Document Submission

Implemented

Documentation attached.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the wellness office does not include adhesive bandages, gauze pads, a thermometer, scissors, breathing shield or eye coverings.

96a - First Aid Kit (continued)**Plan of Correction****Accept**

Surveyor was presented with Blood Loss Spill Kit when requesting First Aid Kit

Community has ordered new Blood Loss Spill Kit box so it can be easily differentiated from First Aid Kit. (Please see attached).

First Aid Kits locations to be posted in Wellness Nurse area at all times.

All Wellness Nurses to attend mandatory training on First Aid Kit locations no later than May 11, 2022.

Wellness Director or Assistant Wellness Director will continue to check contents of ALL First Aid Kits in the community on a monthly basis.

First Aid kit Locations: Wellness Center, first floor laundry room, second floor laundry room, third floor common area.

Process to be reviewed at quarterly Quality Improvement meeting on June 29, 2022.

Completion date: Immediately and ongoing

Completion Date: 05/10/2022

Document Submission**Implemented**

Documentation attached.

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 #1 is prescribed [REDACTED] as needed. On 5/4/22, the medication was not available in the home.

Plan of Correction**Accept**

Medication for resident A.B. delivered and placed in medication cart on May 4, 2022.

Staff persons qualified to pass medications will be re-educated and required to attend a mandatory medication safety training including the home's policies and procedures for re-ordering and documentation of medications on hold no later than May 11, 2022

Nurse will review on a daily basis that all ordered medications are in med carts via Medication Cart audit sheet. (Please see attached).

Medication Cart Audit sheet to be reviewed and signed by Wellness Director or Assistant Wellness Director for three months.

Process to be reviewed at quarterly Quality Improvement meeting on June 29, 2022.

185a - Implement Storage Procedures (continued)

Completion Date: May 11, 2022 / Daily

Completion Date: 05/10/2022

Document Submission

Implemented

Documentation attached.