

Department of Human Services
Bureau of Human Service Licensing

June 6, 2022

[REDACTED]
WELL BL OPCO LLC
525 FELLOWSHIP ROAD, SUITE 360
ATTN [REDACTED]
MOUNT LAUREL, NJ, 8054

RE: BRANDYWINE LIVING AT
LONGWOOD
301 VICTORIA GARDENS DRIVE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 14430

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2022, 05/17/2022 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 LONGWOOD* License #: *14430* License Expiration: *07/19/2023*
Address: *301 VICTORIA GARDENS DRIVE, KENNETT SQUARE, PA 19348*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *12/14/2007* Issued By: *Kennett Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/17/2022*

Inspection Dates and Department Representative

05/16/2022 - On-Site: [REDACTED]
05/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *23* Residents Served: *14*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

05/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2022*

Inspections / Reviews *(continued)*

06/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

06/06/2022 - Document Submission

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

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The Medication administration record for resident #3 had a reading [REDACTED]. This reading is not on resident #3's [REDACTED]. Resident #2's [REDACTED] showed the [REDACTED]. It appears the [REDACTED] may have been shared.

Plan of Correction

Accept

85a Sanitary Conditions

On 5/18/22, the [REDACTED] replaced to ensure infection control. The [REDACTED] are now more easily identified with a photo of the resident on the back of [REDACTED]. Additionally, there is a photo in each individual resident's [REDACTED] to ensure proper use and accuracy.

A daily review of [REDACTED] will be completed by the Nurse Supervisor to ensure the [REDACTED] are recorded correctly for each resident. **See Attachment Z**

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of [REDACTED]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

Completion Date: 05/18/2022

Document Submission

Implemented

85a Sanitary Conditions

On 5/18/22, the [REDACTED] [REDACTED] photo of the resident on the back of their [REDACTED]. Additionally, there is a photo in each individual resident's [REDACTED] to ensure proper use and accuracy.

A daily review of [REDACTED] will be completed by the Nurse Supervisor to ensure the [REDACTED] are recorded correctly for each resident. **See Attachment Z**

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of [REDACTED]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

89b - Hot Water Temperature

1. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/16/22 at 10:45am, the hot water temperature in [REDACTED] was 123.1 degrees Fahrenheit.
On 5/16/22 at 10:48am, the hot water temperature in [REDACTED] was 127 degrees Fahrenheit.

Plan of Correction

Accept

89b- Hot Water Temperature

89b - Hot Water Temperature (continued)

The water heater settings were immediately adjusted on 5/16/22 and temperature checks were again completed in [redacted] with temperatures below 120 degrees Fahrenheit. **See Attachment B**

A daily audit of water temperatures in resident areas throughout the building will be completed by the Environmental Services Director or Designee. Any readings above 120 degree Fahrenheit will be addressed immediately. **See Attachment C**

The Environmental Services Director or Designee will review the daily audit in the monthly QA meeting.

Completion Date: 05/16/2022

Document Submission

Implemented

89b- Hot Water Temperature

The water heater settings were immediately adjusted on 5/16/22 and temperature checks were again completed in [redacted] with temperatures below 120 degrees Fahrenheit. **See Attachment B**

A daily audit of water temperatures in resident areas throughout the building will be completed by the Environmental Services Director or Designee. Any readings above 120 degree Fahrenheit will be addressed immediately. **See Attachment C**

The Environmental Services Director or Designee will review the daily audit in the monthly QA meeting.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/16/22 at 10:35am the temperature in the 2nd floor reflections refrigerator was 46 degrees Fahrenheit and at 10:51am it was 46 degrees Fahrenheit.

Plan of Correction

Accept

103f- Refrigerator/Freezer Temps

The 2nd floor Reflections refrigerator was inspected and is working properly. Items found behind the refrigerator were immediately removed, which allowed more ventilation. The temperature has remained at or below 40 degrees Fahrenheit since the date of inspection on 5/16/22. **See Attachment D**

The Environmental Services Director or Designee will be responsible for completing a daily temperature log. Any temperatures over 40 degrees Fahrenheit will be reported and addressed immediately.

The Environmental Services Director or Designee will review the temperature log audit in the monthly QA meeting.

Completion Date: 05/16/2022

Document Submission

Implemented

103f- Refrigerator/Freezer Temps

103f - Refrigerator/Freezer Temps (continued)

The 2nd floor Reflections refrigerator was inspected and is working properly. Items found behind the refrigerator were immediately removed, which allowed more ventilation. The temperature has remained at or below 40 degrees Fahrenheit since the date of inspection on 5/16/22. **See Attachment D**

The Environmental Services Director or Designee will be responsible for completing a daily temperature log. Any temperatures over 40 degrees Fahrenheit will be reported and addressed immediately.

The Environmental Services Director or Designee will review the temperature log audit in the monthly QA meeting.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/16/22 at 10:18am, there were multiple chairs blocking the exit path too the gate in the courtyard from reflections. Additionally the gate takes force to open to exit from the courtyard.

On 5/16/22 at 10:27am, the exit in stairwell 1 was locked.

Plan of Correction

Accept

121a- Unobstructed Egress

The chairs in the Reflections courtyard were immediately moved off of the walking path during the survey on 5/16/22. The chairs will remain on the grass area in order to keep the walking path, which leads to an exit gate, unobstructed. The furniture setup in the courtyard has been reviewed with staff and will be monitored by the Environmental Services Director or Designee. **See Attachment E**

The Reflections gate door has been adjusted and the wheel on the bottom of the gate door was replaced on 5/18/22 for easy opening and closing. **See Attachment F**

The stairwell 1 exit was immediately adjusted on 5/16/22 and now opens appropriately upon demand.

The Environmental Services Director or Designee will complete a daily audit of the egress routes to ensure there is no obstruction or access issues. The audit will be reviewed in the monthly QA meeting. **See Attachment G**

Completion Date: 05/16/2022

Document Submission

Implemented

121a- Unobstructed Egress

The chairs in the Reflections courtyard were immediately moved off of the walking path during the survey on 5/16/22. The chairs will remain on the grass area in order to keep the walking path, which leads to an exit gate, unobstructed. The furniture setup in the courtyard has been reviewed with staff and will be monitored by the Environmental Services Director or Designee. **See Attachment E**

121a - Unobstructed Egress (continued)

The Reflections gate door has been adjusted and the wheel on the bottom of the gate door was replaced on 5/18/22 for easy opening and closing. **See Attachment F**

The stairwell 1 exit was immediately adjusted on 5/16/22 and now opens appropriately upon demand.

The Environmental Services Director or Designee will complete a daily audit of the egress routes to ensure there is no obstruction or access issues. The audit will be reviewed in the monthly QA meeting. **See Attachment G**

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 5/15/22 to 5/21/22 was posted. However, the 1 week in advance menu for the week of 5/22/22 to 5/28/22 was not posted.

Plan of Correction

Accept

162c- Menus Posted

The 4 week menu was immediately posted on 5/16/22, the day of inspection, on the bulletin board outside of the activity area for resident review.

The Dining Services Director will be responsible for ensuring the current week and following week's menu is posted for the residents to easily review. A daily inspection will be documented and reviewed in the monthly QA meeting.

See Attachment H

Completion Date: 05/16/2022

Document Submission

Implemented

162c- Menus Posted

The 4 week menu was immediately posted on 5/16/22, the day of inspection, on the bulletin board outside of the activity area for resident review.

The Dining Services Director will be responsible for ensuring the current week and following week's menu is posted for the residents to easily review. A daily inspection will be documented and reviewed in the monthly QA meeting.

See Attachment H

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] prescribed for resident #1, was in the home's med cart; however, the medication was discontinued on [redacted].

183d - Prescription Current (continued)

Plan of Correction

Accept

183d- Prescription Current

The discontinued medication found in the medication cart for Resident #1 was never administered. A new weekly packet with only currently prescribed medications for Resident #1 was delivered [REDACTED]. This new packet did not get replaced before the surveyor completed the med pass review on 5/17/22. The medication packet for Resident #1 was immediately replaced with only current medications and therefore corrected on 5/17/22.

The Pharmacy will continue to be notified of new or modified medication orders. Medication packets with discontinued medication(s) will be removed from the med cart and immediately replaced with corrected and current medication packets.

The Wellness Director or Designee will be responsible to ensure the correct packets are immediately placed in the med cart. An audit of the medication carts will be completed to ensure no discontinued medications are present. The findings will be reviewed in the monthly QA meeting. **See Attachment A**

Completion Date: 05/17/2022

Document Submission

Implemented

183d- Prescription Current

The discontinued medication found in the medication cart for Resident #1 was never administered. A new weekly packet with only currently prescribed medications for Resident #1 was delivered [REDACTED]. This new packet did not get replaced before the surveyor completed the med pass review on 5/17/22. The medication packet for Resident #1 was immediately replaced with only current medications and therefore corrected on 5/17/22.

The Pharmacy will continue to be notified of new or modified medication orders. Medication packets with discontinued medication(s) will be removed from the med cart and immediately replaced with corrected and current medication packets.

The Wellness Director or Designee will be responsible to ensure the correct packets are immediately placed in the med cart. An audit of the medication carts will be completed to ensure no discontinued medications are present. The findings will be reviewed in the monthly QA meeting. **See Attachment A**

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

The [REDACTED] for resident #2 on [REDACTED], but was documented in the Medication Administration Record as [REDACTED]

Plan of Correction

Accept

185a- Implement Storage Procedures

The [REDACTED] for Resident #2 had a number transposed on the Medication Administration Record. This data entry error was corrected on 5/17/22.

185a - Implement Storage Procedures (continued)

A daily audit of [REDACTED] will be completed by the Nurse Supervisor to ensure the [REDACTED] are recorded correctly for each resident.

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of the [REDACTED]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

Completion Date: 05/17/2022

Document Submission**Implemented****185a- Implement Storage Procedures**

The [REDACTED] Resident #2 had a number transposed on the Medication Administration Record. This data entry error was corrected on 5/17/22.

A daily audit of [REDACTED] will be completed by the Nurse Supervisor to ensure the [REDACTED] are recorded correctly for each resident.

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of the [REDACTED]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [REDACTED] A [REDACTED] was taken on [REDACTED]; however, it is not included on resident #2's medication administration record.

Plan of Correction**Accept**

187a- Medication Record

187a - Medication Record (continued)

Resident #2 had [redacted] s completed as ordered, however, [redacted] was not documented.

Resident #2's record was corrected on 5/17/22 to reflect the [redacted]

A daily audit of [redacted] will be completed by the Nurse Supervisor to ensure the [redacted] are recorded correctly for each resident.

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of the [redacted]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

Completion Date: 05/17/2022

Document Submission Implemented

187a- Medication Record

Resident #2 had [redacted] completed as ordered, however, [redacted] not documented.

Resident #2's record was corrected on 5/17/22 to reflect the [redacted]

A daily audit of [redacted] will be completed by the Nurse Supervisor to ensure the [redacted] are recorded correctly for each resident.

The Wellness Director or Designee will be responsible for weekly audits to ensure the accuracy of the readings and documentation of the [redacted]. The audit will be reviewed in the monthly QA meeting. **See Attachment A**

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] [redacted] However, this medication was not administered to resident #1 on [redacted] because the medication was not available in the home.

Plan of Correction Accept

187d- Follow Prescriber's Orders

Resident #1 was prescribed [redacted] the medication was not administered on [redacted] due to the medication being unavailable from the Pharmacy. The administering nurse contacted the Pharmacy and the Physician on [redacted] to make [redacted] aware that the medication was not available and therefore not administered. The medication was delivered the following day. **See Attachment J**

Effective 6/1/22, the Pharmacy Provider will contact a local pharmacy to fill and deliver the ordered medication if a medication is unavailable or contact the attending physician to get an order for a substitution for any unavailable medication.

The Pharmacy Provider will notify the Wellness Director of any unavailable medications for proper follow-up. The Wellness Director will complete an audit of the medication cart to ensure ordered medications are present and

187d - Follow Prescriber's Orders (continued)

review in the monthly QA meeting.

See Attachment A

Completion Date: 06/01/2022

Document Submission

Implemented

187d- Follow Prescriber's Orders

Resident #1 was prescribed [REDACTED] and the medication was not administered on [REDACTED] due to the medication being unavailable from the Pharmacy. The administering nurse contacted the Pharmacy and the Physician on [REDACTED] aware that the medication was not available and therefore not administered. The medication was delivered the following day. **See Attachment J**

Effective 6/1/22, the Pharmacy Provider will contact a local pharmacy to fill and deliver the ordered medication if a medication is unavailable or contact the attending physician to get an order for a substitution for any unavailable medication.

The Pharmacy Provider will notify the Wellness Director of any unavailable medications for proper follow-up. The Wellness Director will complete an audit of the medication cart to ensure ordered medications are present and review in the monthly QA meeting.

See Attachment A

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED]

Plan of Correction

Accept

187d-Follow Prescriber's Orders

Resident #2 was administered the [REDACTED]. The nurse was in-serviced on 5/18/22 regarding the proper electronic documentation on the MAR as the incorrect drop down option was clicked but the location of the administration was correctly documented. The MAR was corrected.

The Wellness Director or Designee will audit [REDACTED] and documentation to ensure proper [REDACTED] were administered per [REDACTED] and Physician's orders. The weekly audit will be reviewed in the monthly QA meeting.

See Attachment A

Completion Date: 05/18/2022

Document Submission

Implemented

187d-Follow Prescriber's Orders

Resident #2 was administered the [REDACTED]. The nurse was in-serviced on 5/18/22 regarding the proper electronic documentation on the MAR as the incorrect drop down option was clicked but the

187d - Follow Prescriber's Orders (continued)

location of the administration was correctly documented. The MAR was corrected.

The Wellness Director or Designee will audit sliding [REDACTED] and documentation to ensure proper [REDACTED] were administered per [REDACTED] and Physician's orders. The weekly audit will be reviewed in the monthly QA meeting.

See Attachment A

231e - No Objection Statement**1. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #4 was admitted to the [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction**Accept**

231e-No Objection Statement

All residents and family members are notified and agree to admission or transfers to the [REDACTED]. Documentation in the resident record will include a statement that the resident and the resident's designated person have no objection to the admission.

The Wellness Director or Designee will be responsible to ensure documentation in the resident record states that the resident and resident's designated person have not objected to the resident's admission or transfer to the [REDACTED].

Effective 6/1/22, the Wellness Director or Designee will review resident records for admissions and transfers to the [REDACTED] and will complete a monthly audit which will be reviewed in the monthly QA meeting. **See Attachment N**

Completion Date: 06/01/2022

Document Submission**Implemented**

231e-No Objection Statement

All residents and family members are notified and agree to admission or transfers to the [REDACTED]. Documentation in the resident record will include a statement that the resident and the resident's designated person have no objection to the admission.

The Wellness Director or Designee will be responsible to ensure documentation in the resident record states that

231e - No Objection Statement (continued)

the resident and resident's designated person have not objected to the resident's admission or transfer to the [REDACTED]

*Effective 6/1/122, the Wellness Director or Designee will review resident records for admissions and transfers to the [REDACTED] and will complete a monthly audit which will be reviewed in the monthly QA meeting. **See Attachment N***