

Department of Human Services
Bureau of Human Service Licensing

October 4, 2022

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

RE: BRANDYWINE LIVING AT UPPER
PROVIDENCE
1133 BLACK ROCK ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14431

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022, 08/17/2022, 08/18/2022 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 UPPER PROVIDENCE* License #: *14431* License Expiration: *06/13/2023*
Address: *1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *03/31/2015* Issued By: *Upper Providence Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *135* Waking Staff: *101*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/18/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site [REDACTED]
08/17/2022 - On-Site [REDACTED]
08/18/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* Residents Served: *88*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *26* Residents Served: *24*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *88*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *47* Have Physical Disability: *1*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

Inspections / Reviews (*continued*)

09/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/25/2022*

09/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/03/2022*

10/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] the [REDACTED] was unlocked, unattended, and accessible on the med cart in the hallway of the [REDACTED]

Plan of Correction

Accept

The [REDACTED] was immediately locked in the bottom drawer of the med cart. The cart was reviewed to have been locked and the privacy screen was on the computer. The Wellness Director has in serviced all the Nurses on this regulation beginning on 8/19/2022 and completed on 8/24/22. The Wellness Director will immediately begin weekly audits of compliance in the [REDACTED] being locked up and regular reminders will be given in staff meetings.

Completion Date: 09/06/2022

Document Submission

Implemented

[REDACTED] was immediately locked in the bottom drawer of the med cart. The cart was reviewed to have been locked and the privacy screen was on the computer. The Wellness Director has in serviced all the Nurses on this regulation beginning on 8/19/2022 and completed on 8/24/22. The Wellness Director will immediately begin weekly audits of compliance in the [REDACTED] being locked up and regular reminders will be given in staff meetings.

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 08/10/22, from 11:00 pm to 7:00 AM, 82 residents were present in the home. During this time only 1 staff persons was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept

The Wellness Nurse immediately reviewed the schedule going forward to assure there is one staff person for every 50 residents on every shift. This was done on 8/19/2022. This will be done with each posting of the 2 week schedules. The Wellness Nurse will monitor active staff CPR certification and schedule a class to keep all staff active. The Wellness Director is a CPR trainer and will schedule a Spring and Fall class, as well as as needed classes to meet the requirement.

Completion Date: 09/06/2022

Document Submission

Implemented

The Wellness Nurse immediately reviewed the schedule going forward to assure there is one staff person for every 50 residents on every shift. This was done on 8/19/2022. This will be done with each posting of the 2 week schedules. The Wellness Nurse will monitor active staff CPR certification and schedule a class to keep all staff active. The Wellness Director is a CPR trainer and will schedule a Spring and Fall class, as well as as needed classes to meet the requirement.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The home uses agency staff from [REDACTED]. In the two weeks of staff schedules reviewed; 08/01/22 to 08/14/22, Seven agency staff persons were used to cover one or more shifts. These staff persons did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

This situation occurred because we had not trained the [REDACTED] agency staff as we had trained the [REDACTED] agency staff. Beginning immediately the [REDACTED] staff and any agency staff will receive training per Regulation 2600.65a. During the daytime hours the Maintenance Director or the Assistant Maintenance Director will provide the training prior to or during the first work day. We have trained 4 experienced staff persons who are available from 7p-7a and will provide training on the emergency management procedures. The staff trained to perform this are : the Wellness Director, 3 LPN supervisors who work evenings and overnight shifts. This was done on 8/22/22. There will be a signature sheet and packets of information to be reviewed with each agency staff person as well as a walk around the community. This documentation will be kept in the Wellness office. The Wellness Director and the ED will monitor compliance daily.

Completion Date: 09/07/2022

Document Submission

Implemented

This situation occurred because we had not trained the S [REDACTED] agency staff as we had trained the [REDACTED] agency staff. Beginning immediately the [REDACTED] staff and any agency staff will receive training per Regulation 2600.65a. During the daytime hours the Maintenance Director or the Assistant Maintenance Director will provide the training prior to or during the first work day. We have trained 4 experienced staff persons who are available from 7p-7a and will provide training on the emergency management procedures. The staff trained to perform this are : the Wellness Director, 3 LPN supervisors who work evenings and overnight shifts. This was done on 8/22/22. There will be a signature sheet and packets of information to be reviewed with each agency staff person as well as a walk around the community. This documentation will be kept in the Wellness office. The Wellness Director and the ED will monitor compliance daily.

181f - Record of Medication

1. Requirements

181f - Record of Medication (continued)

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [redacted], resident #1's record did not include a current list of medications. The list in the resident's record had the following errors;

- [redacted]
- [redacted] ble,
- [redacted] s list of prescribed
- [redacted]

Plan of Correction

Accept

Resident #1 self medicates. [redacted] physicians call [redacted] directly to make changes in [redacted] medication either discontinuing, adding or changing. The family will go to the pharmacy and pick up the meds, we were left out of the loop. The physician was called to verify the medication list and to request that all prescriptions in the future come through the Wellness office. The [redacted] is now available, the [redacted] has been discontinued, the [redacted] is a new order and is documented on the resident record, the [redacted] has been discontinued.

The resident record for this resident was immediately updated (8/19/22) to reflect the medication as prescribed by the physician. The Wellness Nurse will remind the residents monthly, in the Resident Council Meeting, to keep us informed of any changes made by their physicians. The Wellness Director will send a letter to all physicians to remind them of the need to communicate changes in care to the Wellness Office. The Wellness Director and the Assistant Wellness Director will assure compliance by reviewing med lists with self medicating residents monthly.

Completion Date: 09/08/2022

Document Submission

Implemented

Resident #1 self [redacted] physicians call [redacted] directly to make changes [redacted] medication either discontinuing, adding or changing. The family will go to the pharmacy and pick up the meds, we were left out of the loop. The physician was called to verify the medication list and to request that all prescriptions in the future come through the Wellness office. The [redacted] now available, the [redacted] has been discontinued, the [redacted] a new order and is documented on the resident record, the [redacted] has been discontinued.

The resident record for this resident was immediately updated (8/19/22) to reflect the medication as prescribed by the physician. The Wellness Nurse will remind the residents monthly, in the Resident Council Meeting, to keep us informed of any changes made by their physicians. The Wellness Director will send a letter to all physicians to remind them of the need to communicate changes in care to the Wellness Office. The Wellness Director and the Assistant Wellness Director will assure compliance by reviewing med lists with self medicating residents monthly.

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 #2 was admitted to the [redacted]

231b - Medical Evaluation (continued)

; however, the resident's medical evaluation, completed on [REDACTED] does not indicate the need for the resident to be in [REDACTED]

Plan of Correction**Do Not Accept**

The Medical evaluation for this resident was immediately updated by the physician by checking the box to indicate the need for [REDACTED] for this resident. The Nurses have all been in serviced on this regulation so they can audit this when they are in the residents record. The AWD/WD will audit the Medical Evaluation, upon admission or for change of condition, for correct designation of living area. All charts have been audited at this time.

Completion Date: 09/06/2022

Update: 09/20/2022

What date were the nurses in-serviced and who conducted the in-service? What date were the record audits complete?

Plan of Correction**Accept**

The Medical evaluation for this resident was immediately updated by the physician by checking the box to indicate the need for [REDACTED] care for this resident(8/18/2022). The Nurses have all been in serviced on this regulation so they can audit this when they are in the residents record. The nurses were in serviced, completed on 8/24/2022 by the Executive Director. The AWD/WD will audit the Medical Evaluation, upon admission or for change of condition, for correct designation of living area. All charts have been audited at this time. The audits were completed on 8/24/2022.

Completion Date: 09/21/2022

Document Submission**Implemented**

The Medical evaluation for this resident was immediately updated by the physician by checking the box to indicate the need for [REDACTED] for this resident(8/18/2022). The Nurses have all been in serviced on this regulation so they can audit this when they are in the residents record. The nurses were in serviced, completed on 8/24/2022 by the Executive Director. The AWD/WD will audit the Medical Evaluation, upon admission or for change of condition, for correct designation of living area. All charts have been audited at this time. The audits were completed on 8/24/2022.

103i - Outdated Food**1. Requirements**

2600.

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

Description of Violation

In reach in freezer #2, there were 2 bags of onion rings, 1 bag of french fries, 1 bag of sweet potato fries and 1 box of spinach and cheese Spanikopita that were open, unlabeled and undated.

Repeat Violation: 05/20/21

Plan of Correction**Do Not Accept**

The undated items were immediately discarded. All Dining Staff has been in serviced on this regulation by the Executive Director. The Food Service Director and the Dining Room Supervisor will monitor compliance by checking dates daily. All new staff will receive this training by the Food Service Director.

Completion Date: 09/06/2022

Update: 09/20/2022

What date were dining staff in-serviced and who conducted the in-service?

103i - Outdated Food (continued)

Plan of Correction

Accept

The undated items were immediately discarded. All Dining Staff has been in serviced on this regulation by the Executive Director on August 19, 2022(see attached) The Food Service Director and the Dining Room Supervisor will monitor compliance by checking dates daily. All new staff will receive this training by the Food Service Director.

Completion Date: 09/21/2022

Document Submission

Implemented

The undated items were immediately discarded. All Dining Staff has been in serviced on this regulation by the Executive Director on August 19, 2022(see attached) The Food Service Director and the Dining Room Supervisor will monitor compliance by checking dates daily. All new staff will receive this training by the Food Service Director.

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] were in resident #1's self administered medications. However, these medications are not currently prescribed.

Repeat Violation: 05/20/21

Plan of Correction

Do Not Accept

This resident self administers [redacted] doctor calls [redacted] directly and changes [redacted] medication. The Wellness Director immediately called the physician to clarify orders.(8/19/22) The [redacted] was discontinued and removed and the [redacted] was a new order and was added to the resident record. The WD has asked the physician to make Wellness aware of any changes in care or meds in the future. The AWD and the WD will audit the self medicating residents monthly for accuracy. We will remind the residents regularly in Resident Council of this need.

Completion Date: 09/06/2022

Plan of Correction

Accept

This resident self administers [redacted] medications. [redacted] doctor calls [redacted] directly and changes [redacted] medication. The Wellness Director immediately called the physician to clarify orders.(8/19/22) The [redacted] discontinued and removed and the [redacted] was a new order and was added to the resident record. The WD has asked the physician to make Wellness aware of any changes in care or meds in the future. The AWD and the WD will audit the self medicating residents monthly for accuracy. We will remind the residents monthly in Resident Council of this need. The nurses were inserviced on this regulation completed on 8/24/22(see attached) and the monthly audits started on 8/24/2022.

Completion Date: 09/21/2022

Document Submission

Implemented

This resident self administers [redacted] medications. [redacted] doctor calls [redacted] directly and changes his medication. The Wellness Director immediately called the physician to clarify orders.(8/19/22) The [redacted] was discontinued and removed and the [redacted] was a new order and was added to the resident record. The WD has asked the physician to make Wellness aware of any changes in care or meds in the future. The AWD and the WD will audit the self medicating residents monthly for accuracy. We will remind the residents monthly in Resident Council of this need. The nurses were inserviced on this regulation completed on 8/24/22(see attached) and the monthly audits started on 8/24/2022.

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. [redacted] this medication was not available.

Repeat Violation: 05/20/21

Plan of Correction

Do Not Accept

The resident self medicates and [redacted] disposed of this medication when the doctor discontinued it. There was no communication to us by the doctor or the resident of the change, so it was still on our profile. The Wellness Director immediately called the physician (8/19/22) to confirm the order and the resident record was updated. The Wellness Director will assure compliance by checking with the self medicating residents monthly to review the current medications. The doctor has been made aware to inform us of changes in the future. The residents will be reminded at the monthly Resident Council of the need to inform Wellness of any changes in medications.

Completion Date: 09/06/2022

Plan of Correction

Accept

The resident self medicates and [redacted] disposed of this medication when the doctor discontinued it. There was no communication to us by the doctor or the resident of the change, so it was still on our profile. The Wellness Director immediately called the physician (8/19/22) to confirm the order and the resident record was updated. The Wellness Director will assure compliance by checking with the self medicating residents monthly to review the current medications. The WD's first meeting with the residents who self administer was done on August 24, 2022. The doctor has been made aware to inform us of changes in the future. The residents will be reminded at the monthly Resident Council of the need to inform Wellness of any changes in medications. The nurses have been in serviced on this regulation by the Executive Director completed on August 24,2022. (see attached)

Completion Date: 09/21/2022

Document Submission

Implemented

The resident self medicates and [redacted] disposed of this medication when the doctor discontinued it. There was no communication to us by the doctor or the resident of the change, so it was still on our profile. The Wellness Director immediately called the physician (8/19/22) to confirm the order and the resident record was updated. The Wellness Director will assure compliance by checking with the self medicating residents monthly to review the current medications. The WD's first meeting with the residents who self administer was done on August 24, 2022. The doctor has been made aware to inform us of changes in the future. The residents will be reminded at the monthly Resident Council of the need to inform Wellness of any changes in medications. The nurses have been in serviced on this regulation by the Executive Director completed on August 24,2022. (see attached)

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]. However, on [redacted] this medication was not available.

187d - Follow Prescriber's Orders (continued)

Repeat Violation: 05/20/21

Plan of Correction**Do Not Accept**

The Wellness Director called the physician to confirm the correct orders and then immediately updated the resident profile (8/19/22) and ordered the medication. The Wellness Director called the family to make sure there was no issue with getting the medication. The Wellness Director has asked the physician to make us aware of any changes so we can keep the resident information up to date. The Wellness Director will meet with the self medicating residents monthly to review for changes. The WD/ED will remind all the resident is Resident Council each month of the need to keep us up to date on any changes from their physician and to let us know if they are in need of any medication.

Completion Date: 09/06/2022

Plan of Correction**Accept**

The Wellness Director called the physician to confirm the correct orders and then immediately updated the resident profile (8/19/22) and ordered the medication. The Wellness Director called the family to make sure there was no issue with getting the medication. The Wellness Director has asked the physician to make us aware of any changes so we can keep the resident information up to date. The Wellness Director will meet with the self medicating residents monthly to review for changes. The monthly audits were started on August 24, 2022. The WD/ED will remind all the residents in Resident Council each month of the need to keep us up to date on any changes from their physician and to let us know if they are in need of any medication. The nurses were inserviced on this regulation completed

8/24/2022 by the Executive Director. (see attached)

Completion Date: 09/21/2022

Document Submission**Implemented**

The Wellness Director called the physician to confirm the correct orders and then immediately updated the resident profile (8/19/22) and ordered the medication. The Wellness Director called the family to make sure there was no issue with getting the medication. The Wellness Director has asked the physician to make us aware of any changes so we can keep the resident information up to date. The Wellness Director will meet with the self medicating residents monthly to review for changes. The monthly audits were started on August 24, 2022. The WD/ED will remind all the residents in Resident Council each month of the need to keep us up to date on any changes from their physician and to let us know if they are in need of any medication. The nurses were inserviced on this regulation completed

8/24/2022 by the Executive Director. (see attached)