

Department of Human Services
Bureau of Human Service Licensing

October 11, 2022

[REDACTED]
WELL BL OPCO LLC
[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 09/07/2022 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: *05/09/2023*
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: *877-427-2639* 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: *115* Waking Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/07/2022*

Inspection Dates and Department Representative

09/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

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: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *45* Have Physical Disability: *0*

Inspections / Reviews

09/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

Inspections / Reviews (*continued*)

09/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2022*

10/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/14/2022*

10/11/2022 - Document Submission

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

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/19/22 Resident # 1, who resides in the home's Secured Dementia Care Unit (SDCU) Serenade unit on the second floor, eloped through the stairwell emergency exit closest to bedroom 226 at approximately 6:30 P.M. The resident brought a cellular device with [REDACTED]. The door, equipped with an audible alarm and strobe lights, is a delayed release door which releases after 15 consecutive seconds of pressing on the exit bar. The door has a red sign below detailing the door instructions in white lettering. The home has two SDCUs, named Reflections and Serenade. According to Staff Member A Resident # 1 was waiting for a family visit and had been exit seeking all day prior to the elopement.

During the 3p to 11p shift, two staff members were scheduled to work with 12 residents in the SDCU. Staff Member A and Staff Member B were providing care to another resident who required two persons to assist with transfers while Resident # 1 eloped. Staff Member A immediately looked to see who eloped when the alarm sounded. Staff Member A reported to not knowing the stairwell door released, and did not check the stairwell in searching for the resident. Staff Member A secured the door and alerted staff in the community that Resident # 1 eloped. The staff checked the home inside and outside. Two nurses also then got in their car and looked for the resident in the surrounding neighborhood.

The Resident was returned to the home unharmed by two strangers who reported that they found resident #1 walking on route 30, a two lane road with a 25 mile per hour speed limit. The individuals were able to return the resident as the resident was utilizing cellular video conferencing with a family member. Resident #1 was absent from the home for approximately 45 minutes. The outside temperature was approximately 80 degrees.

The home's elopement policy directs that elopement drills will be conducted monthly at random locations and times, and that there will be a drill once per shift per quarter. However, per a management staff person, elopement drills are conducted annually. The home conducted two drills/elopement trainings in the past two years; on 8/25/21 and on 7/27/22. Staff A was not present at either training.

The home's elopement policy also states an elopement monitoring system would be employed if a resident is at risk for elopement. The monitoring system can consist of a wanderguard, an alarm on the resident's door, more frequent checks by staff, or a private duty companion. The home did not employ an elopement monitoring system for resident #1.

Plan of Correction**Accept**

All care staff will be required to attend a mandatory re-training on unsafe leaving protocols including a visual reconnaissance of the affected area prior to check-count-clear. The training will be conducted by the Wellness Director or the Assistant Wellness Director or the Executive Director. Training to be completed no later than September 21st, 2022.

All monthly elopement drills will continue as previously completed but will now be documented on a Record of Training sheet immediately following monthly drills. Monthly drills will continue to be held in a random area and will continue to include a different shift each month. (Each shift will be drilled once a quarter). The monthly drill will be conducted by the Wellness Director, or Assistant Wellness Director, or executive Director and the recorded training dates began on 9/18/2022. (see attached). Monthly drills will be on randomized days and randomized times during the shift and will be permanent.

42b - Abuse (continued)

Additionally, ALL staff elopement trainings will continue annually and will be documented accordingly in staff training plan.

If the SCDU has a resident that requires a two-person assist, staff will require assistance from a third party staff person to be present in the neighborhood until the two-person ADLs are complete. The community, based on the new staffing budgeted plan, will be staffed with in-house a total of 21 caregivers and 5 licensed nurses per day as well as an Assistant Wellness Director and a Wellness Director. New staffing budget, as assigned by Chief Nursing Officer, will allow three extra bodies a day or one body per shift for sole purpose of support in memory care. Wellness Director, Assistant Wellness Director, or Nurse Scheduler will be responsible for staffing the extra bodies. Additional staffing will be in place no later than October 1, 2022. Float will remain in place any time there is a two person transfer on the SDCU permanently.

Training on new two-person protocol to be completed for direct care staff no later than September 21st, 2022. The title of the person doing this training will be the Wellness Director or the Assistant Wellness Director with added assistance of the therapy department as needed.

Community has had cameras installed at all points of egress. Cameras were installed on July 15th, 2022 and were installed via a private contractor as arranged by Brandywine's Manager of IT Support and Development, [REDACTED]

Resident #1 now has a 1:1 assigned in the evening hours for [REDACTED] safety and security.

All staff will continue to utilize two way radios for communication and coordination of resident care. The Wellness Director, or Assailant Wellness Director, or Wellness Nurse will ensure staff is utilizing the radios by having a sign in sign out process for use of the radios. Sign in sheet will be implemented no later than October 1, 2022 and will continue for a minimum of three months. (see attached). Use of two-way radios will remain permanent.

Resident #1 will continue to reside in SCDU where all egress points from the neighborhood are furnished with both an audible alarm as well as a visual alarm. Both additional siren and strobe alarms installed in main hallway on April 22, 2022. Audible delayed egress door alarm installed in 2008.

Environmental Services Director will continue to test the operation of all doors and locks in the SCDU weekly and will continue to document in TELs. Additionally, Environmental Services Director will continue to check operation of door monitors and patient wandering system monthly and will continue to document in TELs. Testing of doors and locks has been in place for a minimum of three years. Locks and Doors are checked during the last week of the month. Door and Lock checks will continue permanently.

Plan of Correction to reviewed and audited at Q4 Quality Improvement meeting scheduled for 12/29/23.

Completion Date: 10/08/2022

Document Submission**Implemented**

All care staff will be required to attend a mandatory re-training on unsafe leaving protocols including a visual reconnaissance of the affected area prior to check-count-clear. The training will be conducted by the Wellness Director or the Assistant Wellness Director or the Executive Director. Training to be completed no later than September 21st, 2022.

42b - Abuse (continued)

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Community has had cameras installed at all points of egress. Cameras were installed on July 15th, 2022 and were installed via a private contractor as arranged by Brandywine's Manager of IT Support and Development, [REDACTED]

Resident #1 now has a 1:1 assigned in the evening hours for her safety and security.

All staff will continue to utilize two way radios for communication and coordination of resident care. The Wellness Director, or Assistant Wellness Director, or Wellness Nurse will ensure staff is utilizing the radios by having a sign in sign out process for use of the radios. Sign in sheet will be implemented no later than October 1, 2022 and will continue for a minimum of three months. (see attached). Use of two-way radios will remain permanent.

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42b - Abuse (continued)

Plan of Correction to reviewed and audited at Q4 Quality Improvement meeting scheduled for 12/29/23.

60a - Staff/Support Plan**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 8/19/22 Resident # 1 was exit seeking during a 3PM to 11PM shift. 2 Staff Members were scheduled to provide direct care to 12 Residents in the Serenade secured dementia care unit. On 8/19/22 at approximately 6:30 PM both staff members were assisting a resident requiring a two person assist. On 8/19/22 at approximately 6:30 PM Resident # 1 eloped through the stairwell exit closest to bedroom 226. Resident # 1 was missing for approximately 45 minutes before being returned to the community.

Plan of Correction**Accept**

The community, on date of event, and both previously and going forward, will exceed state guidelines in regard to direct care hours provided.

If the SCDU has a resident that requires a two-person assist, staff will require assistance from a third party staff person to be present in the neighborhood until the two-person ADLs are complete. The community, based on the new staffing budgeted plan, will be staffed with in-house a total of 21 caregivers and 5 licensed nurses per day as well as an Assistant Wellness Director and a Wellness Director. New staffing budget, as assigned by Chief Nursing Officer, will allow three extra bodies a day or one body per shift for sole purpose of support in memory care. Wellness Director, Assistant Wellness Director, or Nurse scheduler will be responsible for staffing the extra bodies. Additional staffing will be in place no later than October 1, 2022. Float will remain in place any time there is a two person transfer on the SDCU permanently.

Training on new two-person protocol to be completed for direct care staff no later than September 21st, 2022. Training will be conducted by the Wellness Director, Assistant Wellness Director, and assistance from the therapy department as needed.

All staff will continue to utilize two way radios for communication and coordination of resident care. The Wellness Director, or Assailant Wellness Director, or Wellness Nurse will ensure staff are utilizing the radios by having a sign in sign out process for use of the radios. Sign in sheet will be implemented no later than October 1, 2022 and will continue for a minimum of three months. (see attached). Use of two-way radios will remain permanent.

All care staff will be required to attend a mandatory re-training on unsafe leaving protocols including a visual reconnaissance of the affected area prior to check-count-clear. The training will be conducted by the Wellness Director or the Assistant Wellness Director or the Executive Director. Training to be completed no later than September 21st, 2022.

In the event that a resident with exit seeking behavior is unable to be redirected, the community will provide constant supervision until a clinical determination can be made or 1:1 supervision provided.

60a - Staff/Support Plan (continued)

Plan of Correction to reviewed and audited at Q4 Quality Improvement meeting scheduled for 12/29/23.

Completion Date: 10/08/2022

Document Submission**Implemented**

The community, on date of event, and both previously and going forward, will exceed state guidelines in regard to direct care hours provided.

If the SCDU has a resident that requires a two-person assist, staff will require assistance from a third party staff person to be present in the neighborhood until the two-person ADLs are complete. The community, based on the new staffing budgeted plan, will be staffed with in-house a total of 21 caregivers and 5 licensed nurses per day as well as an Assistant Wellness Director and a Wellness Director. New staffing budget, as assigned by Chief Nursing Officer, will allow three extra bodies a day or one body per shift for sole purpose of support in memory care. Wellness Director, Assistant Wellness Director, or Nurse scheduler will be responsible for staffing the extra bodies. Additional staffing will be in place no later than October 1, 2022. Float will remain in place any time there is a two person transfer on the SDCU permanently.

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In the event that a resident with exit seeking behavior is unable to be redirected, the community will provide constant supervision until a clinical determination can be made or 1:1 supervision provided.

Plan of Correction to reviewed and audited at Q4 Quality Improvement meeting scheduled for 12/29/23.