

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 24, 2023

[REDACTED]
CCRC-BRANDYWINE LLC
25 FREEDOM BLOUVARD
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 review on 04/25/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-1* Date: *11/03/2006* Issued By: *West Brandywine Twp*

Staffing Hours

Resident Support Staff: *57* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/25/2023*

Inspection Dates and Department Representative

04/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *14*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *25* Residents Served: *14*
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

04/25/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2023*

05/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/17/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2023*

Inspections / Reviews *(continued)*

05/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/2023, for resident #1 was not signed by the resident.

Plan of Correction

Accept ([redacted] - 05/17/2023)

The personal care director approached Resident #1 twice about signing [redacted] contract. Resident refused on [redacted]/23 and [redacted]/23. Personal care director Documented refusal. The personal care director will ask for all new residents to sign their agreement and document the results. The personal care director understands that the Resident needs to sign their contract and document results. Audit will be completed on every contract/chart per Admission by person completing the admission and checked by concierge before filing, starting immediately.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([redacted] - 05/24/2023)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ([redacted] - 05/17/2023)

Personal care director reviewed the resident rights with Resident #1, [redacted] declined first attempt of signature on [redacted]/23. Successful second attempt: Resident Rights signed by Resident on [redacted]/2023. The personal care director will educate and request signature for all new residents. The personal care director understands that the Resident needs to sign the resident rights upon admission. Audits and admissions checklists will be completed on all admission agreements by the concierge to ensure compliance, starting immediately.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([redacted] - 05/24/2023)

42p - Restraints

3. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

From [redacted]/2023 through [redacted]/2023 Resident #1 was administered [redacted] to the back of neck every four hours around the clock for [redacted] and [redacted] every six hours for [redacted] around the clock.

42p - Restraints (continued)

From [REDACTED]/2023 through [REDACTED]/2023 Resident #2 was administered [REDACTED] daily for [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/17/2023)

The wellness director contacted the physician [REDACTED]; Diagnosis changed by wellness director on [REDACTED]/23 to reflect appropriate diagnosis for medication use. The wellness director will provide education by May 12, 2023, to nurses, who entered improper diagnosis for each resident. The nurses will work with [REDACTED] physician to ensure compliance on appropriate diagnosis. The wellness director will audit new [REDACTED] orders weekly for 4 weeks then once monthly for 3 months then randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented ([REDACTED] - 05/24/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A, B, and C did not receive training in Resident Rights during training year 2022.

Plan of Correction

Accept ([REDACTED] - 05/17/2023)

On 4/25/2023, following the survey, the personal care director discovered an additional training binder with documentation that Employee B and C had been trained with Personal Care Resident Rights in January 2022. Personal care director notified Human resources of deficiency. The human resource director added the personal care home resident rights to our Relias annual training on 5/4/23. The training was placed on Mays required training list. Human resources will monitor the Relias training courses monthly for compliance, starting immediately.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/24/2023)

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/25/2023 at 3:30pm there was a half full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept ([REDACTED] - 05/17/2023)

The personal care director notified the dining director of open trash can on 4/25/2023. The Dining director replaced trashcan lid on 4/26/23. Personal care director provided education to Dining leadership that lids must fully be retractable to be in compliance. Training was completed on 5/2/2023. The dining manager will audit the trash cans in the memory unit kitchen weekly for 4 weeks then randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/05/2023

85d - Trash Receptacles (continued)

Implemented () - 05/24/2023)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The main entrance door to the home has been inoperable and locked since 3/18/2023.

Plan of Correction

Accept () - 05/17/2023)

6. The door hinge broke on 4/18/23, maintenance was notified by memory care employee immediately and door was removed from service. 30-minute unit safety/fire sweeps were completed for the entire duration the door was out of order. New door hinges ordered 4/19/23 and delivered 4/26/23. Vendor (quality doors) installed new hinge on 4/27/23 and door is now operable. Personal care director was made aware all doors are operational 4/27/2023 by maintenance director. All doors will be audited by maintenance monthly for 3 months and then annually; Add to QAPI agenda annually starting September 2023.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented () - 05/24/2023)

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The key locking mechanism to lock the door to the courtyard was inoperable at 3:30pm presenting an elopement risk to residents.

Plan of Correction

Accept () - 05/17/2023)

Maintenance was notified by memory care manager that the keypad was inoperable. The maintenance staff member came and reactivated the door lock on 4/25/23. The memory care courtyard door keypad will remain operable. The maintenance director will educate employees on the security responsibility of a secure dementia unit. Education to be completed by 5/12/23. Memory care keypads will be monitored at random for operability.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented () - 05/24/2023)

96c - First Aid Accessible

8. Requirements

96c - First Aid Accessible (*continued*)

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

Description of Violation

The home's first aid kit located in the nurses station is not accessible to staff because the door is locked and not all staff have keys to gain entry to the nursing station.

Plan of Correction

Accept (█) - 05/17/2023)

The first aid kit was relocated to the staff/supply cabinet outside of the memory care office on 4/26/23 by the memory care manager. The memory care manager will keep the first aid kit accessible by staff on unit. The memory care Manager was present for the violation, and she is now aware that the kit must remain available on the unit for all staff. The cabinet was labeled on 4/26/2023. Audits will be completed by memory care manager quarterly for compliance.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented (█) - 05/24/2023)

101j3 - Bed/Linens/Pillows/Blankets

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident room █ did not have a pillowcase covering the pillow.

The bed for resident room █ had a soiled matt with a brown stain located on the middle of the bed.

Plan of Correction

Accept (█) - 05/17/2023)

The memory care manager placed a case on pillow immediately following inspection on 4/25/23. The caregivers will apply Pillowcases during bed making.

The bed pad was removed by the caregiver immediately following inspection 4/25/23. Caregivers will remove soiled bed pads as soon as they are found. The Director of Wellness will provide education to care staff regarding bed making, linen cleanliness and soilage clean up. Education to be completed by 5/12/23. The beds will be audited by the memory care manager weekly for 4 weeks, then monthly for 2 months and then randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented (█) - 05/24/2023)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident room # █ light was inoperable at bedside at 11:30am.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█) - 05/17/2023)

The lamp was at bedside and nurse immediately plugged the lamp in while surveyor was present 4/25/23. Once plugged in lamp was operable. Lamp will remain at bedside and operable. The Memory Care manager will educate the care staff on ensuring that there are operable lamps in the rooms. Education will be completed by 5/12/23. Room checks for unplugged bedside lamps completed on 4/28/2023. Memory care manager to audit that lamps are operable weekly for 4 weeks, monthly for 2 months and randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented (█) - 05/24/2023)

121a - Unobstructed Egress

11. 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

The main entrance door to the home has been locked and blocked since 3/18/2023.

Plan of Correction

Accept (█) - 05/17/2023)

The memory care manager updated to reflect that the door was "Not" an exit on 4/26/2023. Quality doors installed the hinge on 4/27/23. Personal care director was made aware all doors are operational 4/27/2023 by director of maintenance. The doors will be monitored by the memory care manager that there is nothing blocking the egress if the doors become inoperable again.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented (█) - 05/24/2023)

185a - Implement Storage Procedures

12. 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

On 4/25/2023, the █ count for Resident #1's medication █ gel did not match the number of medications available for administration. The sheet documented 52 packets █ available and when counted there were only 50 packets.

Plan of Correction

Accept (█) - 05/17/2023)

The wellness director investigated the █ count and found that the count was correct, and the administration of the medication was documented on the EMAR but was not written on the paper log correctly. Count corrected on paper log by HWD on 4/25/23. The wellness director will review the control Count process with the nurses by 5/12/2023. 4/26/2023 full █ Count audit started. Will continue for weekly 4 weeks, monthly for 2 months, then randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/05/2023

185a - Implement Storage Procedures (*continued*)*Implemented (SW - 05/24/2023)***13. 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 #2 is prescribed [REDACTED] every 24 hours and [REDACTED] 4 hours, as needed. On 4/25/2023 at 12:00pm medication(s) were not available in the home, despite being requested on 3/18/2023.

Plan of Correction*Accept ([REDACTED] - 05/17/2023)*

The pharmacy was contacted on 4/25/2023 to send medication for delivery and it arrived 4/25/2023. The nurses will be trained on refill process by May 12, 2023, by the wellness director. The wellness director will audit refill log weekly for 4 weeks and monthly for 2 months then randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented ([REDACTED] - 05/24/2023)

190c - Record of Training

14. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person D does not include if the staff was recertified and date of certification.

Plan of Correction*Accept ([REDACTED] - 05/17/2023)*

The wellness director immediately recalled the Med Tech recertification and was able to correct the missed check mark. The wellness director will ensure that all marks are checked on recertification documents moving forward. The wellness director is aware of the importance of checking all boxes on recertification once completed. The wellness director will monitor her MedTech binder twice a year and audit paperwork post recertification, starting immediately.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/24/2023)

191 - Resident Right to Refuse

15. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED] 2023, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept () - 05/17/2023)

Personal care director read Resident #1 resident rights and offered to sign on 4/26 and resident refused. On 4/27/23 the personal care director met with Resident #1, and signed Resident Rights. The personal care director will provide every resident with their rights upon admission and will request their signature. The personal care director is aware of the importance of a resident signing their rights upon admission. The personal care director developed a check list on 5/1/2023 to ensure all parts of resident agreement are completed including resident rights. The front desk concierge will audit every admission chart before filing a new admission to ensure nothing was left out, starting immediately

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented () - 05/24/2023)

202 - Prohibitions

16. Requirements

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #1 is prescribed and around the clock for According to physician order the medications are administered to resident #1 to control the behaviors.

Resident #2 is prescribed daily for According to the physician order the medication is administered to resident #2 to control behaviors.

Plan of Correction

Accept () - 05/17/2023)

The medication diagnosis was changed in Point click care to an appropriate diagnosis for each medication prescribed by wellness director on 4/28/2023. Nursing will ensure proper diagnosis is used when entering prescribed medication to a resident. The wellness director will educate the nurses that entered the incorrect diagnosis by 5/12/23. The team will work with hospice and doctors to ensure compliance with appropriate diagnosis. The wellness director will audit new orders weekly for 4 weeks then once monthly for 3 months then randomly thereafter, starting immediately.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented () - 05/24/2023)

233c - Key-Locking Devices

17. Requirements

233c - Key-Locking Devices (continued)

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept ([REDACTED] - 05/17/2023)

The memory care manager posted Code to keypads on 4/26/23. Memory care keypad doors will be audited for 3 months and then annually; by the memory care manager and personal care director will add to QAPI agenda annually starting September 2023.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/24/2023)

233d - Electronic/Magnetic System

18. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The door opening into the courtyard is not locked with an electronic or magnetic locking system on 4/25/23 at 3:30pm and the gate exiting the courtyard was open.

Plan of Correction

Accept ([REDACTED] - 05/17/2023)

The door and gate were closed by the personal care director and locked on 4/25/23. The gates exiting the courtyard will remain locked. The groundskeeper will be trained by the maintenance director on secured doors and areas, and door alarms for locked unit by 5/12/23. Memory Care Manager will audit door once a month starting 5/12/23 for three months and randomly thereafter.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/24/2023)