

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

September 27, 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 08/02/2023 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: *06/20/2024*
 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 Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/02/2023*

Inspection Dates and Department Representative

08/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *15*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *25* Residents Served: *18*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

08/02/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2023*

08/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/25/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2023*

Inspections / Reviews (*continued*)

09/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/29/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2023

09/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/23, at [redacted] am, per [redacted] nurse observation, resident#1 was observed saturated in urine, their incontinence brief was peeling, and the bed pad was saturated. Per staff member A, resident#1 suffered [redacted]. This incident was observed by staff person A who reported to staff person B on [redacted] 23 at [redacted] am. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 08/29/2023)

PCHA reviewed the regulation and policy related to abuse reporting and will ensure that abuse reporting is completed accordingly. Abuse allegations will be reported to ARL and the local area agency on aging. Abuse training will be completed with staff members in memory care by 9/15/23 and education will be repeated yearly.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 09/27/2023)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted]/23, at [redacted] am, per [redacted] nurse observation, resident#1 was observed saturated in urine, their incontinence brief was peeling, and the bed pad was saturated. Per staff member A, resident#1 [redacted]. Staff person C was assigned to provide care for this resident over night. This incident was observed by staff person A who reported to staff person B on [redacted]/23 at [redacted] am. Staff person C returned to work and continued to work during the overnight shift on [redacted]/23 and was not suspended/placed on a plan of supervision.

Plan of Correction

Accept [redacted] - 08/29/2023)

Investigation was initiated immediately upon report. Staff C and D were suspended pending further investigation on [redacted]. The investigation substantiated abuse and staff D was terminated. Staff member C was educated about supervising the care staff as [redacted] duty as a nurse and was brought back to work on [redacted]/23 because [redacted] was not the person liable for the incident. Education to be completed by PCHA to memory care manager, human resources director and health and wellness director on the process required by the state to keep employees under suspension until ARL completes the investigation by 9/15/2023.

Licensee's Proposed Overall Completion Date: 09/15/2023

15c - Supervision (continued)

Implemented [REDACTED] - 09/22/2023)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [REDACTED]/23, for resident #1 indicates the resident requires total physical assistance with toileting and body repositioning. From approximately [REDACTED]am to [REDACTED]am on [REDACTED]/23, the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] - 08/29/2023)

Employee D was terminated. The memory care manager will educate the care staff about the importance of completing the Point of Care documentation as assigned to ensure all care is being completed for all residents by 9/15/2023. Memory care manager will audit the documentation completion for all memory care residents weekly for 4 weeks starting 9/1/2023 and periodically thereafter.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/27/2023)

42b - Abuse

4. 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 [REDACTED] 2023, from [REDACTED]am to [REDACTED]am, resident #1, who requires three-hour check for bladder and bowel incontinence and repositioning of the body, was not checked for incontinence. On [REDACTED] 2023 at [REDACTED]am, resident #1 was found by the [REDACTED] nurse saturated in urine, the resident's brief was peeling due to oversaturation, and the bed pad was saturated. Staff member A completed a skin check, [REDACTED]. New orders for [REDACTED] were requested.

Staff member D acknowledged to staff member B that resident #1 did not receive care during their entire shift from [REDACTED]p on [REDACTED]/23 to [REDACTED]am on [REDACTED]/23. Each staff of the home must initial a task sheet after finishing a task. The task sheet for resident #1 was not finished on [REDACTED] 2023. The three-hour check for incontinence products and body repositioning was not completed for resident #1.

Plan of Correction

Accept [REDACTED] - 09/01/2023)

Employee D was terminated. PCHA will perform Training on identifying, preventing, and reporting abuse will be completed with staff in memory care and policy will be reviewed by 9/15/2023. Education will be repeated

42b - Abuse (continued)

annually via Relias and in person training. Starting on 8/8/23, the PCHA met with staff members individually and trained them on identifying, preventing, and reporting abuse. The Resident Rights are framed in memory care visible to all guests, residents and team members. Notification of abuse community names and phone numbers are available in communication binders and hung in nurse's station. The training is ongoing to ensure all employees are educated 9/15/23. Suspected resident abuse reporting and investigation requirements education sheet has been placed in the communication binder 8/31/23. Relias training on abuse is an annual requirement for all employees. The last training on Relias was completed in March 2023.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (█) - 09/27/2023)

54a - Direct Care Staff**5. 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 D does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 08/29/2023)

Human Resources performed an audit after this incident to ensure all employees working in personal care are in compliance with the regulations and requirements. HR will ensure that all new hires and transfers have all the necessary documentation on file and will audit annually for compliance. Education to human resources regarding personal care regulations for employees to have a high school diploma was provided immediately after the inspection.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (█) - 09/22/2023)

65d - Initial Direct Care Training**6. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.

65d - Initial Direct Care Training (continued)

- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person D, hired on [REDACTED]/22, began providing unsupervised ADL services on [REDACTED]/22. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 08/29/2023)

Human Resources performed an audit after this incident to ensure all employees working in personal care are in compliance with the regulations. HR will ensure that all new hires and transfers have all the necessary requirements and documentation on file and will audit annually for compliance. Education was provided to human resources department by PCHA following inspection.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ([REDACTED] 09/22/2023)

82c - Locking Poisonous Materials

7. Requirements

- 2600.
- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/2/23 a tube of Colgate toothpaste, with a manufacturer's label indicating "poisonous if swallowed", was unlocked, unattended, and accessible to residents in the memory care unit. Not all the residents of the home, including resident #2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 09/01/2023)

Toothpaste was placed in locked cabinet. Memory care manager will educate all employees about locking poisonous materials in the cabinets when care is done by 9/15/2023. The memory care manager will perform room audits to ensure all rooms are in compliance once weekly for 4 weeks starting 8/31/2023 and then periodically thereafter.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ([REDACTED] - 09/27/2023)