

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

January 16, 2024

[REDACTED], ADMINISTRATOR
WELL BL OPCO LLC
[REDACTED]
[REDACTED]

RE: BRANDYWINE LIVING AT
HAVERFORD ESTATES
731 OLD BUCK LANE
HAVERFORD, PA, 19041
LICENSE/COC#: 14433

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/11/2023 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: *BRANDYWINE LIVING AT HAVERFORD ESTATES* License #: *14433* License Expiration: *05/09/2024*
 Address: *731 OLD BUCK LANE, HAVERFORD, PA 19041*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *WELL BL OPCO LLC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Complaint* Exit Conference Date: *10/11/2023*

Inspection Dates and Department Representative

10/11/2023 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *118* Residents Served: *64*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *28* Residents Served: *22*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *34* Have Physical Disability: *1*

Inspections / Reviews

10/11/2023 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *11/08/2023*

11/28/2023 POC Submission
 Submitted By: [Redacted] Date Submitted: *12/28/2023*
 Reviewer: [Redacted] Follow Up Type: *Document Submission* Follow Up Date: *12/28/2023*

Inspections / Reviews *(continued)*

01/16/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

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 or around [REDACTED], resident 1 was pushed by a family member visiting resident 2. This incident was observed by staff person A. This incident was reported to staff person B. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept ([REDACTED] - 11/28/2023)

On 10/11/2023 we were informed that Resident 1 was pushed by a family member visiting Resident 2, on or around [REDACTED]. We immediately initiated an investigation, completed by our Corporate Nursing Support nurse and the Community Operations Manager. It was discovered that the Staff Member A, who witnessed the incident told the then Wellness Director, Staff Member B. Staff Member B is currently out on medical leave and has been for 4 months. Staff Member B did not investigate or report the incident to any of the appropriate agencies, including the Area Agency on Aging. The chain of reporting incidents of suspected abuse has been changed to include 2 people, the Executive Director, or designee, and the Wellness Director.

The ED and COM performed training/In Service for all the Department Heads on October 13, 2023 and reviewed what could be an indication of suspected abuse and the steps to take when someone reports suspected abuse. The reporting includes telling the ED, WD, the Area Agency on Aging (see attached), and an Incident Report to the Bureau of Human Services Licensing. The Department Heads include Maintenance, Wellness, Human Resources, Sales, Escapades, Dining Directors, were also educated on the protocol including checking the resident, alert the physician and alert the family. This is to be done within 24 hours. A full investigation must be done, talking with staff and residents as applicable and documenting.

The investigation will be done by the ED and the WD, and they will make a report of findings to the BHSL and the AAA. In Services were performed on October 11, 12 and 13 for All Staff from every department including Dining, Maintenance, Escapades, Housekeeping, Nursing, Sales, Dining and Concierge, to review what might constitute abuse per the Regulation 2600.42.b. We discussed their responsibility to report any suspicion of abuse, neglect, so an investigation can be done. Time is of the essence so go directly to the ED or WD immediately, we have 24 hours to report to the appropriate agency.

On November 13, 2023 the Executive Director called [REDACTED], a representative at the Area Association on Aging, and reported this incident and the current condition of the resident. [REDACTED] was satisfied with that information. This plan of action will begin on October 13, 2023 and continue for not less than 12 months. This protocol will be reviewed in monthly communication meetings on the second Thursday of the month.

The ED will review this regulation at the quarterly Quality Improvement meeting.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented ([REDACTED] - 01/16/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c Written Incident Report (continued)

Description of Violation

On or around [REDACTED], resident 1 was pushed by a family member visiting resident 2. This incident was observed by staff person A. This incident was reported to staff person B. The home did not report this incident to the department.

Plan of Correction

Accept ([REDACTED] 11/28/2023)

On 10/11/23 we were informed that Resident 1 was pushed by a family member of Resident 2 on or around July 16, 2023. Staff person A reported this to staff person B and no action was taken. Staff person B is out on FMLA. The Corporate Support Nurse came in to do an investigation(see attached)on October 12, 2023. We alerted the physician and the Family at that time. This Resident was examined and is well and continues to live in our SDU.

The Executive Director immediately initiated a new process of reporting suspected abuse to include at least 2 people, the ED or designee and the Wellness Director. All Department Heads, including the Maintenance Director, Dining Director, Sales Director, Escapades Producer, Human Resources Manager, Concierge and Wellness Director and Assistant Wellness Director were trained on this 2 person process on October 13, 2023 and educated to the subsequent steps that would be taken, including alerting the family, the physician, the Areas Association on Aging and the BHSL.(see attached)

This process will be reviewed in the monthly communication meeting for not less than 12 months.

The violation and process will be reviewed by the ED in the quarterly Quality Improvement meeting.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented ([REDACTED] - 01/16/2024)

42b - Abuse

3. 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 or around [REDACTED], resident 1, had wandered into or near resident 2. Resident 2's family member was visiting resident 2. The family member became upset at resident 1 for being to close or near to resident 2. The family member screamed at and then pushed resident 1 to move them away. This incident was observed by staff person A.

Plan of Correction

Accept ([REDACTED] - 11/28/2023)

On October 11 this incident was reported to the Community Operations Manager, by a representative of the BHSL, who came in to investigate a complaint. This BHSL representative did an interview with Staff Member A and it came to light that a family member visiting Resident 2 screamed and pushed a resident in July, 2023. Staff Member C witnessed and reported the incident to Staff Member B, who was the Wellness Director at the time. Staff Member B failed to report or follow through. Staff Member B is on medical leave. The Community Operations Manager did an immediate all staff meeting, on October 11, 2023, with housekeeping, maintenance, care managers, nursing, concierge, Escapades, dining and management and nurses. The COM educated staff on how to report suspected abuse and neglect, and that the new process will include telling both the Wellness Director and the Executive Director or designee. On October 12 and 13 all departments were educated, as well as line staff mentioned above, in an in service by the ED and the COM.(see agenda) On October 13 the COM and the ED met with the sibling of the family member of Resident 2 to review Home Rules and Resident Rights, she was give a copy and signed that she understood. Due to the fact that the family member, who screamed and pushed, was in violation of Home Rules and Resident Rights we issued a letter to that person on October 13, 2023 stating that he was no longer permitted in the community.

42b Abuse (continued)

The staff has been in serviced by the ED and the COM to report any suspected abuse or mistreatment to the ED/COM and the WD immediately, so we can advocate for the resident, investigate and report appropriately. This will begin October 11,2023 and go continuously not less than 12 months.

In monthly communication meetings beginning November 9,2023 and in every meeting for the next 12 months, the training will include Resident Rights and Recognizing and Reporting abuse and reiterate what action to take, including to call #911 to protect a resident or themselves.

This violation will be reviewed by the Executive Director in quarterly Quality Improvement meetings beginning January 2, 2024.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented ([redacted] - 01/16/2024)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at [redacted] a visitor of resident 2 began screaming at resident 1. This was observed by staff person C.

Plan of Correction

Accept ([redacted] - 11/28/2023)

The visitor of Resident 2 has been banned from visiting the community since October 13, 2023, for violations of Home Rules and Resident Rights. It was determined on investigation that Staff Member B, to whom this incident was reported, took no action. The abuse reporting process has been changed to reflect that all suspected violations of Resident Rights or cases of suspected abuse will be reported immediately to the Executive Director/Community Operations Manager and the Wellness Director. This 2 person reporting process began on October 11, 2023.

A staff training was done for All Care Managers, Nursing, Housekeeping, Maintenance, Escapades, Dining, management, Sales, Human Resources and Concierge were educated on Resident Rights on Oct. 12 and 13 by the Executive Director. They were given a copy of Resident Rights. They will all continue to be educated on Recognizing and Reporting Abuse in the monthly Communication Meeting by the Executive Director beginning November 9,2023 and continuing for 12 months. The training includes that there will be 2 people to report to, the ED/COM and the WD. This must be done immediately, first to help advocate for the resident and then so it can be reported to the appropriate oversight agencies within 24 hours and an investigation can be opened by the ED and WD. All staff will also be educated that they can call #911 any time they feel in jeopardy.

This regulation will be reviewed at monthly communication meetings for 12 months. The employees will continue to receive the Resident Rights and TRUST statement, which pertains to abuse, in their electronic new hire packet and reviewed with the Human Resources Manager.(see attached)

This regulation will be reviewed in quarterly Quality Improvement meetings, by the ED.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([redacted] - 01/16/2024)

251b - Record Entries Legible

5. Requirements

2600.

251b Record Entries Legible (continued)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident's 2 contract dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/28/2023)

The Resident Record was updated as prescribed in this Regulation. The previous erroneous page was left in the record, the information was stricken with a line, dated and signed by the current Executive Director on November 6,2023.

The Community Operations Manager will audit all the Resident Records by November 17, 2023, to make sure there are no other records where correction fluid was used. The Director of Community Relations (Sales) and the Community Operations Manager were educated on this regulation on November 6,2023.

For the next six months the Community Operations Manager will review all new move in records to make sure all records are permanent, legible, dated and signed by the staff person and that no correction fluid was used.. If a change needs to be made it will be done by drawing a line though the errors or changes, then signing and dating any change. The Director of Community Relations or the ED will review each new Resident Record upon move in to ensure compliance. This will end May 30, 2024.

This will be reviewed by the Executive Director at quarterly Quality Improvement meetings.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([REDACTED] - 01/16/2024)