

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

November 30, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 08/31/2023 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: Allison Norton **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: Complaint, Incident **Exit Conference Date:** 08/31/2023

Inspection Dates and Department Representative

08/31/2023 - 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:** 15

Hospice

Current Residents: 1

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

08/31/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/28/2023

10/02/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/29/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/07/2023

Inspections / Reviews *(continued)*

10/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/08/2023

11/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

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 [REDACTED], at approximately [REDACTED] Resident 1 was brought into the common area by Staff person A, following a fall in their room. Resident 1 appeared agitated, and was not properly seated in the wheelchair due to their agitation. Resident 1 was gripping the bookshelf in an attempt to prevent Staff person A from moving them in the wheelchair. Despite the resident's distress and their improper seating in the wheelchair, Staff person A forcefully removed the resident's hands from the bookshelf and proceeded to transport them to the common area living room. During this process, Staff person A abruptly pulled the wheelchair backward, causing the resident to fall out of the chair and on to the floor, as they were not positioned correctly in their wheelchair. Staff person A's use of force, improper handling of the resident, and failure to ensure the resident's safety resulted in the mistreatment of the resident.

Plan of Correction

Accept ([REDACTED] - 10/11/2023)

On 8/15 when PCHA became aware of the incident that occurred on [REDACTED] all employees working the shift were suspended and questioned about the events that occurred on [REDACTED]. The investigation substantiated the incident and because of Employee A's actions, employee A was terminated. PCHA continued training during the month of August to ensure staff members are trained in recognizing, preventing, and reporting abuse timely and to the appropriate personnel. Relias and in-person training is done upon hire and annually to ensure employees are trained in resident abuse and reporting.

PHCA will do walking rounds three times weekly for 2 weeks and randomly thereafter to spot check on positive interactions and interventions. The wellness Director and memory care manager will randomly ask staff on hypothetical situations on what positive interventions should be used for behavioral concerns. The Wellness Director or designee will also audit 4 support plans weekly for 4 weeks and randomly thereafter to ensure appropriate interventions are in place for behavioral concerns. Yearly education will be continued on abuse reporting and prevention. PCHA will continue to hold daily stand up to discuss the previous 24 hours, 5 days a week to ensure all incidents are reviewed and investigated if necessary to ensure compliance. All audits will start 10/4/2023 and will be monitored by PHCA and Wellness Nurse.

In addition to our plan of correction the Ombudsman volunteer Edna typically visits memory care 1 - 2 times monthly to meet with residents and observe our program.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented ([REDACTED] - 11/30/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on 6/21/22. However, this staff person did not complete training in the following topics:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept [REDACTED] - 10/11/2023)

Employee B has since received all appropriate training. Prior to employee B returning to work PCHA had an in-person training on 9/1/23 reviewing the Department of aging older adult protective services act PowerPoint along with suspected abuse reporting and investigations form review. The employee was trained on Resident abuse via Relias on 2/1/23 and 2/9/23, resident rights in person on 5/11/23, reportable incidents in person on 9/1/23, workplace emergencies on 2/3/23 Relias. PCHA will ensure that all newly hired employees complete the appropriate training prior to working with the residents and annually thereafter.

Attached is the training completed with Employee B in 2023 on Relias as well as in person training that was completed prior to her return to work on 9/1.

All new employees' files will be audited within the first week of employment by the Human resources designee or PCHA to ensure all required training is completed in the first 40 hours of work. Human Resources Designee or PHCA to ensure that employees are receiving the required training within the required timeframe. PCHA gave copies of regulations for personal care home training requirements within the first 40 hours worked to HR team on 9/29/23 and discussed the onboarding process on 9/29/23 in a meeting with HR team. All audits will start 10/4/2023 and will be monitored by Human Resources designee and PHCA.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/30/2023)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On [REDACTED], at approximately [REDACTED], Resident 1 was brought into the common area by Staff person A, following a fall in their room. Resident 1 appeared agitated, gripping the bookshelf in an attempt to prevent Staff person A from moving them in the wheelchair. Resident 1 was also not seated properly in their wheelchair. Despite

201 - Positive Interventions (continued)

the resident's distress and their improper seating in the wheelchair, Staff person A forcefully removed the resident's hands from the bookshelf and proceeded to transport them to the common area living room. During this process, Staff person A abruptly pulled the wheelchair backward, causing the resident to fall to the floor.

Resident 1's current assessment and support plan indicates that resident has a need for judgement and orientation and indicates resident may require repeated verbal prompts, that resident may resist and that staff should provide multiple attempts and different approach techniques. The support plan further indicates that staff should move resident to a quieter environment to decrease anxiety and mentions utilizing the newborn life station in the unit to further decrease anxiety. Staff person A did not utilize these safe management techniques or positive interventions when resident was agitated, anxious and resisting.

Plan of Correction**Accepted (█ - 10/11/2023)**

The support plan indicated the proper positive interventions that should be used for resident 1 and due to Employee A failing to attempt these positive interventions and in result caused undue stress on the resident she was terminated. The Wellness Director will educate the employees on accessing the residents support plan in point of care and utilizing the techniques that are intended for each individual resident by 10/10/23. When new employees are hired, they will be trained by the wellness director in accessing the support plans in point of care to ensure we are providing the best possible care to each individual.

Attachment is the training that is to be completed. Signature page with be submitted when complete.

PHCA will do walking rounds three times weekly for 2 weeks and randomly thereafter. The wellness Director and memory care manager will randomly ask staff on hypothetical situations on what should be done should an abuse be witnessed to ensure that timely reporting and correct protocols are followed. Wellness Director and memory care manager will continue to monitor progress notes and incident reports daily Monday-Friday to ensure that abuse related matters are ruled out. Yearly education will be continued on abuse reporting and prevention as well as Relias training on Alzheimer's and dementia behavior management. PCHA will continue to hold daily stand up to discuss the previous 24 hours, 5 days a week to ensure all incidents are reviewed and investigated if necessary to ensure compliance. All audits will start 10/4/2023 and will be monitored by PHCA and Wellness Nurse.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented (█ - 11/30/2023)