

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

December 4, 2023

[REDACTED]  
WELL BL OPCO LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2023 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**

Type: *C-2 LP* Date: *04/05/0200* Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/30/2023*

**Inspection Dates and Department Representative**

*08/30/2023 - 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: [REDACTED] Diagnosed with Intellectual Disability: [REDACTED]  
 Have Mobility Need: *33* Have Physical Disability: [REDACTED]

**Inspections / Reviews**

**08/30/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2023*

**10/30/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *11/30/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2023*

Inspections / Reviews (*continued*)

## 11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2023

## 12/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42c - Treatment of Residents

**1. Requirements**

2600.

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

**Description of Violation**

*On 2-23-23, the resident council minutes communicate that resident's do not like to be referred to as an apartment number.*

*On 8-30-23, at 12:51pm, the department representative observed staff person A, refer to resident # 1 in the following manner:*

*"Room # 9, bathroom, go to the bathroom!" Resident #1 , communicated in disappointment the following: "Now, I'm room # 9!"*

**Plan of Correction**

Accept ( [REDACTED] - 11/06/2023)

*The Staff person involved was immediately corrected by the ED and was instructed to address our residents as [REDACTED] not by room number. ED has In Serviced all staff on this regulation on October 12 and 13, 2023. It was explained that all residents should be treated with dignity and respect. On October 12 and 13,2023, the ED also provided a copy of Resident Rights, to all staff. Beginning immediately, the Human Resources Director will continue review Resident Rights during new hire training for all new staff. Ongoing training will be done by the ED who will review Resident Rights monthly at the All Staff communication meetings, for the next six months. First training to be held on Thursday, November 9, and all training to be continued on the second Thursday of each month with a projected end date of April 30, 2024.*

*Violation to be reviewed by the ED at the quarterly Quality Improvement meeting scheduled for January 4,2024.  
Licensee's proposed overall completion date: 10/17/2023*

*Proposed Overall Completion Date: 11/01/2023*

**Licensee's Proposed Overall Completion Date: 11/01/2023**

Implemented [REDACTED] - 12/04/2023)

## 44g - Telephone Number

**2. Requirements**

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

**Description of Violation**

*The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is posted in a conspicuous and public place in the home.*

*The ombudsman name is not correct on the poster board provided by the Ombudsman Agency.*

## 44g - Telephone Number (continued)

**Plan of Correction**

Accept [REDACTED] - 11/06/2023)

We called the Ombudsman on October 1, 2023 and requested an updated poster the new poster arrived and was posted on November 1, 2023 by the ED(see picture). The Ombudsman, [REDACTED], did see the previous poster on October 13, when [REDACTED] visited, and the telephone number was correct, [REDACTED] assured me a resident could talk to anyone at the Ombudsman office. The ED will monitor any changes in contact information by emailing the Ombudsman office monthly and asking them if any changes in contact information have occurred, starting on October 1, 2023 and ending April 1,2024.

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

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 12/04/2023)

## 95 - Furniture and Equipment

**3. Requirements**

2600.

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

**Description of Violation**

On 8-30-23, the alarm system device on the door was not in good repair, which created an unsecured entrance to the home.

The lock in the mailbox unit was broken.

**Plan of Correction**

Accept [REDACTED] - 11/06/2023)

The front door of the community, which goes into a vestibule, was swollen from the heat and did not close properly. The second door of the vestibule, which protects entry to the building, was able to lock and alarm. Under direction of the ED, the Maintenance Director planed the entry door and it now closes and locks properly. The lock in the mailbox unit was replaced. The mailbox is now functioning to protect the privacy of the resident mail.

The Maintenance Director and the Assistant were educated on this regulation on September 5,2023, by the Executive Director. Beginning September 5, 2023 the ED and the Maintenance Director will monitor this door and the mailbox lock daily upon arrival and ending April 30, 2024.

The Concierge was also educated on this regulation on September 5,2023 by the Executive Director. Beginning on September 5, 2023 the concierge will report any equipment that is broken or out of compliance to the Maintenance Director via our TELS maintenance tracking tool, which is reviewed daily. This process will continue until April 30, 2024.

This violation is to be reviewed by the ED at the quarterly Quality Improvement meeting, the next one scheduled for January 4,2024.

Licensee's Propose overall Completion Date: 10/17/2023

Proposed Overall Completion Date: 11/02/2023

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

95 - Furniture and Equipment (continued)

Implemented (████) - 12/04/2023)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8-30-23 at 9:55 am, there was an approximate 1/4 inch accumulation of lint in the lint cavity of the dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (████) - 11/06/2023)

The accumulated lint was immediately removed from the dryer by the Maintenance Director. The ED and the Maintenance Director In-Serviced all care staff and housekeeping staff on this regulation on October 12 and 13, 2023. Staff will continue to remove the lint after doing a load of laundry.

Currently, the Maintenance Director or the Maintenance Asst. clean the internal and external ductwork on the last Friday of every month. Beginning on October 13, 2023, the Maintenance Director or the Maintenance Asst. will additionally clean the above stated areas on the second Friday of every month.

The Maintenance Director will monitor compliance twice a month via TELS. This process will continue to be monitored until April 30,2024.

Violation to be reviewed quarterly by ED at the Quality Improvement meeting, the next one being January 4, 2024.

Licensee's proposed overall completion date: October, 18, 2023

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

Implemented (████) - 12/04/2023)

184b - Labeling OTC/CAM

5. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On ██████, a bottle of ██████, belonging to resident # 2, was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (████) - 11/06/2023)

When the unlabeled bottle was found the Wellness Director immediately put the residents name on it on 8/30/2023. The Wellness Director and the Assistant Wellness Director in serviced ALL nurses on this regulation on October 12, 2023. (see attached training)

Complete cart audits were conducted by the Wellness Director on 10/13/2023. No other OTC errors were present. For six months, starting on 10/13/2023, the Wellness Director or the Assistant Wellness Director will perform weekly cart audits and remove or label any OTC and CAM's that were not labeled with a resident name. Audits will continue until April 13, 2024.

Violation to be reviewed by ED at quarterly Quality Improvement meetings, the next one scheduled for January 4,2024.

184b - Labeling OTC/CAM (continued)

Proposed Overall Completion Date: 11/02/2023

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

Implemented [redacted] - 12/04/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 3 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan until [redacted].

Plan of Correction

Accept [redacted] 11/06/2023)

The Executive Director reviewed this regulation with the [redacted] and the [redacted] on 10/23/2023. Chart audit was completed by the Wellness Director and Assistant Wellness Director by 10/27/2023, to ensure each RASP had a signature. Going forward each new resident and anyone who participated in the development of the Support Plan, will sign the RASP when it is reviewed with them by the [redacted], within the timeframe set forth by the department. They will also sign an updated or change of condition RASP.

The ED will perform audits monthly, on 6 charts per month, to ensure signature compliance beginning November 1, 2023 and continuing for not less than 12 months.

Violation to be reviewed by ED at quarterly Quality Improvement Meeting, next scheduled for 1/4/2024.

Proposed Overall Completion Date: 11/02/2023

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

Implemented [redacted] 12/04/2023)