

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

April 5, 2024

[REDACTED]
WELL BL OPCO LLC

[REDACTED]
ATTN BRENDA BACON
[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 01/08/2024 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: 04/05/2000 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 101 Waking Staff: 76

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 01/08/2024

Inspection Dates and Department Representative

01/08/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 118, Residents Served: 61), Secured Dementia Care Unit (In Home: Yes, Area: Memory Care Unit, Capacity: 28, Residents Served: 21), Hospice (Current Residents: 7), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 60, Diagnosed with Mental Illness: 1, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 40, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 01/08/2024 - Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/15/2024) and 02/21/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 03/29/2024, Reviewer: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/24/2024).

Inspections / Reviews *(continued)*

02/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2024

04/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. 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).

Description of Violation

The following incidents were not reported to the Department:

- On [REDACTED], resident [REDACTED] reported to the home that a purple leather travel jewelry box was missing from a dresser drawer. The home did not report this incident to the department.
- On [REDACTED], resident [REDACTED] was admitted to a hospital for [REDACTED]. The home did not report this incident to the department.

An incident involving residents [REDACTED] and [REDACTED] occurred on [REDACTED] at [REDACTED]. This incident was not reported to the Department until [REDACTED] at [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/28/2024)

The community currently adheres to the reporting requirements stipulated in regulation 16c and will continue to report incidents accordingly. All reportables will be reviewed at time of creation and will be reviewed by either WD, ED or designee. ED trained WD and regional clinical team on timeliness of reporting and training was completed on [REDACTED]. Plan of correction will include audit on inventory of belongings for 3 months starting on [REDACTED] ending on [REDACTED] completed by Director of Community Relations to ensure items of value are correctly listed on inventory of belongings. Proper reporting structure, including timeliness and appropriateness of reporting reviewed with Wellness Nursing team on [REDACTED]. All staff training on abuse and reporting to be completed no later than [REDACTED]. Abuse training to be reviewed every 60 days beginning on [REDACTED] by Wellness Director with Wellness Nurses, and to be reviewed next on [REDACTED] with all staff by ED and WD for the next 90 days, ending [REDACTED]. Plan of correction will be reviewed at next quality improvement meeting on [REDACTED].

Proposed Overall Completion Date: 07/25/2024

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction**Accept** [REDACTED] - 02/28/2024)

Required Items were found in alternate section of employee file on [REDACTED], by Executive Director. Starting on [REDACTED] HR manager began audit on employee records to ensure compliance to 54 a. Audit date completed on [REDACTED]. Audit will continue 90 days ending no sooner than [REDACTED]. Any deficiencies to 54a will be rectified prior to first day of employment by Human Resource Manager or designee. Audits will be reviewed at next Quality Improvement meeting on [REDACTED].

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] 04/05/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B and C did not receive training in the following topics during training year 2022:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with [REDACTED] and [REDACTED].
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of [REDACTED], [REDACTED], [REDACTED] and [REDACTED].
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction**Accept** [REDACTED] - 02/28/2024)

Review of Staff Files On [REDACTED], indicated staff person B & C had yearly compliance, indicators were however left unchecked. ED reviewed and trained HR director on ensuring all areas of staff compliance are fully signed and acknowledged.

All Wellness nurses', including staff person's B & C received Training on:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics (continued)

3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

This training was completed by the Wellness Director and Executive Director and will be reviewed quarterly with wellness nurse team. Community has implemented Self Medication Audit Binder, identifying all current residents on self medication status to be reviewed quarterly by Wellness Director. This process will continue continuously, and will be reviewed at quarterly quality improvement meetings on 4/4/2024 and, with all department heads. Company wide Relias training to be implemented for better training and tracking purposes of staff trainings, date to be determined in 2024.

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

181f - Record of Medication**4. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [REDACTED] resident [REDACTED] record did not include a current list of medications. The list in the resident's record was not present.

Plan of Correction

Accept ([REDACTED] - 02/28/2024)

On [REDACTED] Wellness Director reached out to residents doctor to obtain updated medication list and entered updated record into file. On [REDACTED], resident agreed to be removed from self-medication status and placed on medication program. Wellness Director to follow up with resident and physician on an on going basis. Wellness Director trained all Wellness Nurses on [REDACTED], on Self Medication Audits and implemented Self Med Binder to review and audit quarterly to ensure compliance & understanding. Next Audit will be completed on [REDACTED]. This audit process will continue until [REDACTED] Audits to be reviewed at Quality Improvement meeting on [REDACTED]. All new nurses will receive training upon hiring by Wellness Director beginning on [REDACTED].

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

181f - Record of Medication (continued)

Implemented [REDACTED] 04/05/2024)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], does not include an assessment for the following behavioral or cognitive needs:

- Orientation to time, place, and person
- Irritability
- Judgment
- Agitation
- Aggression
- Short-Term memory
- Long-Term memory

Plan of Correction

Accept [REDACTED] - 02/28/2024)

On [REDACTED], an updated assessment was completed and implemented on resident [REDACTED] by Wellness Director. On [REDACTED], Clinical Regional Nurse and Wellness Director completed audit on all current resident RASPs. On [REDACTED], Our Regional Clinical nurse completed training on how to properly complete a RASP with our Wellness Director and Executive Director. On [REDACTED], Wellness Director implemented a quarterly audit for all DME's, RASPS, and other necessary assessment tools, Audits will be completed on [REDACTED], Audit to ensure completion and accuracy on support documents. This process will continue until [REDACTED]

Audits will be reviewed at quality improvement meetings held on Q1, [REDACTED] and Q2, [REDACTED],

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Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] 04/05/2024)

227a - Support Plan 30 Days

6. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's initial support plan does not indicate a plan for the following needs:

- Orientation to time, place, and person

227a - Support Plan 30 Days (continued)

- Irritability
- Judgment
- Agitation
- Short-Term memory
- Long-Term memory

Plan of Correction

Accept [REDACTED] - 02/28/2024)

On [REDACTED] an updated assessment was completed and implemented on resident 2. On 1/10/2024, Clinical Regional Director trained Wellness Director and Executive Director on accurate support plan completion. Wellness Director also implemented on [REDACTED], a quarterly audit for all DME's, RASPS, and other necessary assessment tools to ensure community is compliant with regulation 2600 227.a. Process to continue for 90 days until [REDACTED], and to be reviewed and Quality improvement meetings on [REDACTED].

Proposed Overall Completion Date: 07/25/2024

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED], dated [REDACTED] indicates the resident has a need for [REDACTED], [REDACTED]. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

Repeated Violation: 2/1/23

Plan of Correction

Accept [REDACTED] - 02/28/2024)

On [REDACTED], an updated assessment was completed and implemented on resident, Updated assessment includes how needs will be met. On [REDACTED] Regional Clinical Director trained Wellness Director and Executive Director on accurate support plan completion and implementation. Wellness Director implemented a quarterly audit for all DME's, RASPS, and other necessary assessment tools, all nursing staff trained on audit process on [REDACTED] and the required portions of DME, RASPS. WD to maintain quarterly training. Process to continue, beginning on [REDACTED] and ending on [REDACTED]

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

227g -Support Plan Signatures

8. 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 [redacted] participated in the development of [redacted] support plan on [redacted].

Resident [redacted] participated in the development of [redacted] support plan on [redacted].

However, neither support plan was signed by the assessor.

Repeated Violation: 8/30/23

Plan of Correction

Accept [redacted] - 02/28/2024)

On [redacted], Wellness Director reviewed all current resident support plans for accuracy and completion. Wellness Director will now review all future support plans and audit for completion. Next audit review will be held at quality improvement meeting on [redacted]. Wellness Director review's will be on-going and continual for all support plans. Wellness Director has trained all Wellness Nursing staff on audit process as of [redacted]. Audit process to be reviewed by Wellness Director with all Wellness Team Nurses no less than quarterly at scheduled wellness nurse staff meetings, beginning on [redacted] and will occur next on [redacted].
Proposed Overall Completion Date: 3/30/2024

Proposed Overall Completion Date: 03/30/2024

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [redacted] - 04/05/2024)