

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

March 20, 2024

[REDACTED], ADMINISTRATOR
CCRC-BRANDYWINE LLC
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320

RE: THE GARDENS AT FREEDOM
VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 12600

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/17/2024 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: THE GARDENS AT FREEDOM VILLAGE License #: 12600 License Expiration: 09/20/2024
 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 BOULEVARD, WEST BRANDYWINE, PA, 19320
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 01/17/2024 Issued By: COPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/17/2024

Inspection Dates and Department Representative

01/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 54
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

01/17/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2024

02/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/07/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2024

Inspections / Reviews *(continued)*

03/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/20/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. 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 A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction

Accept (█) - 02/13/2024)

Staff person A received training on preadmission screening form, assessment tool, medical evaluation and support plan on 2/2/2024 to correct the missed training in 2023. PCHA will keep a log of all direct care employees that complete the required training to ensure all direct care staff are educated in all required training annually. see attached for proof of completion.

Beginning on 3/1/2024 PCHA or designee will maintain training schedule and audit training plan monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (█) - 03/20/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 1/17/24 there was a box of pie crusts in the walk-in freezer that was opened and unsealed.

Plan of Correction

Accept (█) - 02/13/2024)

The Pie crusts were immediately removed from the freezer and wrapped with saran wrap with surveyor present. The kitchen supervisor added monitoring for unsealed packages to their daily closing sheet to ensure food safety. The violation was reviewed, and education was completed with cooks and utility staff of the kitchen by the Assistant director of dining on 1/26/2024. see attached for proof of completion.

The Assistant manager of dining or designee will audit the food storage area weekly for 4 weeks and then at random to ensure compliance for sealed foods in storage beginning 2/12/2024.

Licensee's Proposed Overall Completion Date: 02/09/2024

103g - Storing Food (continued)

Implemented (█) - 03/20/2024)

105g - Lint Removal and Duct Cleaning

3. 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 1/17/24, there was an accumulation of lint in the lint trap of the 3rd floor clothes dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 02/13/2024)

PCHA cleaned out the dryer lint immediately with surveyor onsite. Signage was posted on all dryers on 1/19/2024. PCHA educated the housekeeping manager and the director on the importance of completing that task daily to ensure compliance. The housekeeper has a daily audit sheet that they are to check the lint trap in the dryer every day. see attached for proof of completion.

The dryer check list is kept in every laundry room and signed off by the housekeeper daily. housekeeping manager to monitor for compliance. On 2/9/2024 PCHA updated the form to specify the dryer lint is what is being checked. This will be replacing the old check sheet on 3/1/2024. Attached is the previous check sheet and the new check sheet.

PCHA or designee will monitor the laundry rooms at random for housekeeping compliance of the check lists and lint removal from dryers beginning 2/9/2024.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (█) - 03/20/2024)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures had not been submitted as of 1/17/24. The last letter was sent on 1/11/23.

Plan of Correction

Accept (█) - 02/08/2024)

On 1/17 Freedom Village contacted the county for further information on how to proceed with submitting proper documentation for emergency management. PCHA met with the Director of Maintenance, Administrator of Skilled nursing, and Executive director to discuss a plan to submit all information to the county on 1/23/24. Skilled Nursing Administrator emailed the required documents to the emergency management agency of Chester County on 1/25/2024. We received the letter from the emergency management of Chester County on 1/29/2024. The team listed above will continue having monthly meetings for disaster preparedness and emergency management to ensure compliance with the requirements for Personal Care. See attached for proof of completion.

Licensee's Proposed Overall Completion Date: 02/07/2024

107d - Procedure Emergency Management Agency Submission (*continued*)*Implemented* [REDACTED] - 03/20/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation, dated [REDACTED] did not include page 2 of the DME.

Plan of Correction*Accept* [REDACTED] - 02/08/2024)

On 1/29/24 the DME was retyped and given to the Primary physician with all pages included. The DME was placed in the chart completed with all pages attached on 1/30/24. When receiving a DME fax from the physician PCHA will ensure all pages are completed and attached before filing. Business file audits and Clinical file audits will continue to be completed quarterly by PCHA or designee. see attached for proof of completion

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented [REDACTED] - 03/20/2024)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] a loose pill was found in the third floor medication cart.

Repeat Violation Dater: 9/26/22 et al.

Plan of Correction*Accept* [REDACTED] - 02/13/2024)

Loose pill was removed and wasted immediately upon discovery on 1/17/24 by HWD. Medication technicians and nurses will perform audits on the condition of medication cart each shift. Medication technicians and nurses will be trained on medication cart audit process by 2/5/24. Training will be completed by HWD. Starting on the week of 2/1/2024 each medication cart will be audited weekly x 4 weeks then routinely thereafter. The audits will be monitored by HWD or designee.

183e Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([redacted] - 03/20/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label on the blister pack for Resident #2's [redacted] states that the resident is to receive 1 tablet by mouth daily in the evening, however the prescription order on the MAR states the resident is to receive 1 tablet by mouth daily in the morning. There is no change of directions sticker on the pharmacy label.

Repeat Violation Dater: 9/26/22 et al.

Plan of Correction

Accept ([redacted] - 02/13/2024)

Medication order verified immediately upon discovery on 1/17/24 and change of direction sticker applied by HWD. Complete cart audit of second floor carts A & B completed on 1/19/24. Medication technicians and nurses will perform medication cart audits each shift. Medication technicians and nurses will be trained on medication cart audit process by 2/5/24. Training will be completed by HWD. Starting on the week of 2/1/2024 each medication cart will be audited weekly x 4 weeks then routinely thereafter. The audits will be monitored by HWD or designee.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented (MS - 03/20/2024)

184b - Labeling OTC/CAM

8. 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 [redacted], there were three bottles of over the counter medications: [redacted], found on medication cart A on 2nd floor which were not labeled with a resident's name.

On [redacted] there was an unlabeled bottle of [redacted] found in cart B on the 2nd floor.

Plan of Correction

Accept ([redacted] - 02/13/2024)

Unlabeled medication immediately removed from cart upon discovery on 1/17/24 by HWD. Complete audit of medication carts A & B completed on 1/19/24. Medication technicians and nurses will perform medication cart audits each shift. Medication technicians and nurses will be trained on medication cart audit process by 2/5/24.

184b - Labeling OTC/CAM (continued)

Training will be completed by HWD. Starting on the week of 2/1/2024 each medication cart will be audited weekly x 4 weeks then routinely thereafter. The audits will be monitored by HWD or designee.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([REDACTED] - 03/20/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED], Resident #3's glucometer date and time read [REDACTED]

Plan of Correction

Accept ([REDACTED] - 02/13/2024)

Glucometer time was immediately corrected upon discovery on 1/17/24 by HWD. Date and Time of all glucometers in use verified as accurate by 1/22/24. Monitoring date and time of all glucometers added to nightshift nurse checklist and will be completed weekly. Nurses will be trained on added process to nightshift checklist by 2/5/24. Training will be completed by HWD. Starting on the week of 2/1/2024 all glucometers in use will be audited for correct date and time weekly x 4 weeks then routinely thereafter. The audits will be monitored by HWD or designee.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([REDACTED] - 03/20/2024)