

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

March 5, 2024

[REDACTED], VP OF OPERATIONS
WELL BL OPCO LLC
[REDACTED]
[REDACTED]

RE: BRANDYWINE LIVING AT UPPER
PROVIDENCE
1133 BLACK ROCK ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14431

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2024 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 UPPER PROVIDENCE License #: 14431 License Expiration: 06/13/2024
Address: 1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted]

Legal Entity

Name: WELL BL OPCO LLC
[Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 03/31/2015 Issued By: Upper Providence Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 117 Waking Staff: 88

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/12/2024

Inspection Dates and Department Representative

02/12/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 132 Residents Served: 79
Secured Dementia Care Unit
In Home: Yes Area: Reflections Capacity: 26 Residents Served: 21
Hospice
Current Residents: 8
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

02/12/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2024
03/05/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/05/2024
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

03/05/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 2/12/2024, Resident 1 has an enabler bar that measures 15"w x 8"h. The enabler bar is secured to a board under the mattress and is not secured to the frame of the bed.

Plan of Correction

Accept ([REDACTED] - 03/05/2024)

-Attachable halo ordered on 2/12/24

-Enabler bar removed from bed on 2/12/24 and temporary halo installed (property of therapy)

- On 2/13/24 therapy assessed position and placement of halo for resident safety

- New Halo attached to bed on 2/27/24

-A room audit was completed by Wellness Director and Executive Director on 2/13/24 to ensure no other under mattress enablers were in the community

-Beginning 2/12/24 and ongoing indefinitely, all new residents will be instructed on the use of enablers at time of admission

-Wellness Director and Assistant Wellness Director, beginning 2/26/24, will check all rooms on a monthly basis on the last Monday of the month for 3 months with an end date of May 27th

-Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24 .

Proposed Overall Completion Date: 05/27/2024

Licensee's Proposed Overall Completion Date: 05/27/2024

Implemented [REDACTED] - 03/05/2024)

181a - Self-administration Assist

2. Requirements

2600.

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident 2 requires assistance with self-administering medications. The home has failed to provide this assistance, resulting in the resident missing medications and having incorrect medications being kept in the resident's room for self-administration.

Resident 2 was missing PRN (as needed) medications [REDACTED], straight order medications [REDACTED], [REDACTED]. Resident 2 also had discontinued medications to include [REDACTED], and [REDACTED] in their room. [REDACTED] was not taken by the resident because they decided not to take them. Resident 2 also had medications that were not included on the medication list to include [REDACTED] and [REDACTED]. The home was not aware of these medications being kept by the resident.

181a Self administration Assist (continued)

Plan of Correction

Accept [redacted] - 03/05/2024)

On 2/12/ 24 all OTC medications not prescribed were removed from resident room by Wellness Director. Beginning on 2/19/24 Wellness Director or Assistant Wellness Director will audit every self administering resident's room for OTC medications and discontinued medications weekly on Fridays. Room audits to continue for three months with an end date of 5/24/24 Wellness Director will train all wellness nurses on ordering medications in a timely manner. Training to be completed no later than 2/29/24 On 2/13/24 Wellness Director educated resident 2 on communicating with nursing staff when new orders are obtained to update her records. Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24

Proposed Overall Completion Date: 05/20/2024

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [redacted] 03/05/2024)

183e - Storing Medications

3. 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], there was a loose orange pill in the medication bin belonging to resident 1. On [redacted], resident 3's [redacted] tab had tape on the back of the blister pack.

Plan of Correction

Accept [redacted] - 03/05/2024)

Medication with tape was discarded immediately on 2/12/24 by Wellness Director Loose pill was discarded immediately on 2/12/24 by Wellness Director. Wellness Director or Assistant Wellness Director to conduct training for all nurses in regard to proper disposal and documentation of medication with a completion date of no later than 2/29/24 Wellness Director or Assistant Wellness Director to conduct training on proper storage of medication with a completion date of no later than 2/29/24 Beginning on 2/19/24, each nurse will be assigned a group of resident's medications and med cart drawers to be audited weekly for 3 months. End date will be 5/20/24 Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24.

Proposed Overall Completion Date: 05/20/2024

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [redacted] - 03/05/2024)

185a - Implement Storage Procedures

4. 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

Resident 1 is prescribed [redacted] as needed. On 2/12/2024, both medication(s) were not available in the home.

Plan of Correction

Accepted [redacted] - 03/05/2024)

- Both medications were ordered on 2/12/24 from IPPC pharmacy
- Medications arrived in the home on the evening of 2/12/24
- Wellness Director to Inservice all nurses on ordering medication in a timely manner no later than 2/29/24
- Beginning on 2/19/24, each nurse will be assigned a group of resident's medications and med cart drawers to be audited weekly for 3 months. End date will be 5/20/24
- Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [redacted] - 03/05/2024)

186b - Medication Used by Resident

5. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] there was a note indicating resident 4 borrowed a [redacted] from resident 5. Upon arrival of the new [redacted] prescribed for Resident 4 it would be returned to Resident 5.

Plan of Correction

Accepted [redacted] - 03/05/2024)

- Inappropriate note was removed immediately on 2/12/24 by Wellness Director.
- Wellness Director did demonstrate at time of survey that each resident had an appropriate supply of insulin.
- WD to Inservice all nurses on ordering medication in a timely manner no later than 2/29/24
- Beginning on 2/19/24, each nurse will be assigned a group of resident's medications and med cart drawers to be audited weekly for 3 months. End date will be 5/20/24
- Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24.

Proposed Overall Completion Date: 05/20/2024

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [redacted] - 03/05/2024)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 6 is prescribed [REDACTED]. Resident 6's Narcotic medication administration record does not include the initials and signature of the staff person who administered this medication on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 03/05/2024)

- Wellness Nurse that dispensed medication was educated on 2/12/24 at time of incident by Wellness Director on proper documentation and documenting in a timely manner.
- All Wellness nurses to be trained on medication administration and documentation by Wellness Director.
- Training to be completed no later than 2/29/24.
- Wellness Director or Assistant Wwellness Director, beginning on 2/13/24, will audit NARC count on a daily basis to ensure each med is signed out. Monitoring will continue for three months with an end date of May 14, 2024.
- Violation to be reviewed at Quarterly Quality Improvement meeting on 4/10/24.

Proposed Overall Completion Date: 05/14/2024

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([REDACTED] - 03/05/2024)