

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

May 29, 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 04/04/2024 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: *COPA L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *102* Waking Staff: *77*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/04/2024*

**Inspection Dates and Department Representative**

04/04/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *118* Residents Served: *62*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *reflections* Capacity: *28* Residents Served: *23*

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *40* Have Physical Disability: *1*

**Inspections / Reviews**

**04/04/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/04/2024*

**05/13/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/15/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2024*

Inspections / Reviews *(continued)*

05/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

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 3/22/2024, Staff Person A went to attend to Resident [REDACTED] and during care Staff Person A was forceful and rushed the resident into the bathroom. On 3/23/2024 at around 4:45 am, Staff Person A returned to assist Resident [REDACTED] to the bathroom and during care Staff person A forcefully grabbed the resident by their arm leaving bruising on the forearm and shoved them onto the rollator and pushed them aggressively into the bathroom. After the resident was finished the resident was then returned to their room and left in the room with the lights off. The resident asked for their cell phone when Staff Person B came to assist the resident, but Staff Person B refused to provide access and told the resident they didn't need it and left the room. Resident used their iPad and contacted their [REDACTED] and reported the incident. Resident [REDACTED] sustained bruising to their arm and felt disrespected. Resident [REDACTED] requires assistance when using the bathroom and cannot walk without assistance.

**Plan of Correction**

Accepted [REDACTED] 05/13/2024)

- 3/23/2024 Executive Director and Wellness Director took immediate action and suspended Staff Person A, [REDACTED] upon receiving report of suspected abuse and began investigation.
- Upon conclusion of investigation on 3/28/2024, Executive Director terminated [REDACTED].
- On 3/28/2024 Wellness Director and Human Resource Director had a documented conversation with Staff Person B, [REDACTED] on Resident Rights, Reporting Compliance and Structure, Preventing, Recognizing, and Reporting Abuse and the importance of his role in regard to these topics. On 3/31/2024 Emmanuel Afia attended and completed RELIAS "Resident Rights" "Training, Preventing, Recognizing, and Reporting Abuse" and "Effective Communication".
- Executive Director and Wellness Director trained all staff scheduled for all shifts beginning on 3/25/2024 on Brandywine Policy for T.R.U.S.T (Treating Residents with Understanding, Sincerity, and Tenderness), Resident Rights training, with all staff being trained by 4/1/2024.
- On 3/25/2024, All staff members assigned RELIAS training Preventing, Recognizing, and Reporting Abuse, and Resident Rights in Assisted Living to be completed by 4/1/2024, or if on approved leave on their first day of return to work. Any staff out on approved leave, will be trained on the Brandywine T.R.U.S.T. and Resident Rights policy immediately on their first day reporting back to work and/or first day of employment with the company.
- Training was completed for all staff by April 1, 2024 and will be reviewed at New Hire Orientation ongoing.
- Executive Director trained all staff members on all shifts beginning on 3/25/2024, and reviewed regulation 2600.16 (relating to reporting) on timelines for reporting abuse. With the exception of staff members out on approved leave, all staff training related to 2600.15 will be completed no later than 4/1/2024 to ensure that all staff have an understanding on reporting structure and compliance. Any staff out on approved leave, will be trained on 2600.15 immediately on their first day reporting back to work or on first day of employment.

**42b - Abuse (continued)**

- *Executive Director further reviewed where information on compliance with reporting guidelines, reporting structure and time frames required for compliance can be readily found in the community. Training was completed for all staff by April 1, 2024, and will be reviewed at New Hire Orientation ongoing. Violation will be reviewed at staff communication meetings until 6/1/2024 and at Quality Improvement meeting on 7/1/2024 with management team to ensure on-going understanding and compliance.*

*Proposed Overall Completion Date: 06/02/2024*

**Licensee's Proposed Overall Completion Date: 06/02/2024**

**Implemented [REDACTED] 05/29/2024)**