

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

September 5, 2024

[REDACTED], EXECUTIVE DIRECTOR
CCRC-BRANDYWINE LLC
25 FREEDOM BLOUVARD
WEST BRANDYWINE, PA, 19320

RE: THE INN AT FREEDOM VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 11875

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2024, 07/02/2024 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 INN AT FREEDOM VILLAGE License #: 11875 License Expiration: 06/20/2025
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 BLOUVARD, WEST BRANDYWINE, PA, 19320
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 11/23/1998 Issued By: Department of Health

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 07/02/2024

Inspection Dates and Department Representative

07/01/2024 - On-Site: [REDACTED]
07/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 25	Residents Served: 16		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care Unit	Capacity: 25	Residents Served: 16
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 0		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 16	Have Physical Disability: 0		

Inspections / Reviews

07/01/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/12/2024

08/13/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 08/30/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/30/2024

Inspections / Reviews *(continued)*

09/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

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

According to the documentation provided and the staff interviews, on [REDACTED], approximately at [REDACTED] staff members heard a noise in room [REDACTED]. When they went inside, they saw residents 1 and 2 lying on the floor in room [REDACTED]. Resident 1 was closer to the bottom of the bed, and resident 2 was next to the chair that was next to the closet to the left of the bed. When the staff walked into the bedroom, they saw resident 2's lamp on the floor and blood everywhere. Resident 2 was saying, "[REDACTED] pulled me out of bed and hit me with that thing," meaning the lamp. Resident 2 was bleeding and has a large skin tear on the right side of the head. Staff members and the EMT witnessed blood on the bottom of the lamp. Resident 3 was sent to the ER at [REDACTED] by EMS to be evaluated.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

- Immediately the resident received medical attention in the emergency room.
- Police arrived on scene after EMT's to investigate the incident.
- On 6/28/24 HWD immediately upon being notified of the incident, contacted the area office of aging and notified DHS.
- 6/28/24 the stanchion was placed between resident 1 and 2 rooms to help redirect resident 2 away from resident 1's room.
- 6/28/24 a lock was placed on resident 1's apartment door so that [REDACTED] could lock [REDACTED] door when [REDACTED] is in [REDACTED] room to prevent other residents from easily accessing [REDACTED] room.
- On 7/23/24 an alternate room was offered to resident 1 family. The family stated that they did not want to move resident 1.
- On 6/29 and 6/30 HWD implemented 12 additional hours each day of supervision to monitor for any potential behaviors as well as to assist in redirection to prevent further interaction between resident 1 and 2.
- On 7/1 the Area office of aging visited the community.
- On 7/1/24 resident 1 had a follow up visit with [REDACTED] primary physician in [REDACTED] apartment.
- On 7/15/24 resident 1 was seen by the psychiatrist for a follow up visit.
- On 8/5/24 Resident 2 had an OT evaluation that determined that [REDACTED] has severe cognitive, dexterity and strength limitations making it unlikely that [REDACTED] could pick up a lamp. OT evaluation determined that [REDACTED] could not lift [REDACTED] arms above [REDACTED] shoulders and that [REDACTED] could only lift 2 lbs. When given 4 lbs. [REDACTED] repeated "too much" until the weight was removed from [REDACTED] hand. The lamp weighed 4.4 lbs.
- On 7/23/24, had a care conference with resident 1 family to review family concerns and discuss resident 1 overall health.
- Resident 2 is being closely monitored by hospice services and [REDACTED] primary care provider.
- Resident 1 will continue to be closely monitored by primary care and psychiatry.
- All staff members will undergo additional training in resident safety, conflict resolution, and emergency response procedures. This training will be completed by 8/30/24.
- Staff to complete Relias education on behaviors in dementia by 8/30/24
- Staff to complete Relias education on Reporting and preventing resident abuse by 8/30/24.
- Health and wellness director/Memory Care manager/Nursing staff to monitor residents 1 and 2 via a behavior

42b - Abuse (continued)

log for 60 days beginning on 7/30/24.

Proposed Overall Completion Date: 08/30/2024

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

66b - Training Plan Content**2. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position, and duties of each direct care staff member, nor do it include the times and locations of the scheduled training for each staff member for the upcoming year.

Plan of Correction

Accept (█) - 08/13/2024)

- *Training plan corrected to state "all direct care staff"*
 - *To include caregivers, nurses, MedTech's*
 - *PCHA worked with DHS to ensure our training plan was properly labeled.*
- PCHA will ensure that the home's training plan includes required content annually.*

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 09/05/2024)

82c - Locking Poisonous Materials**3. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Purell high-performance liquid soap with a manufacturer's label indicating "Please keep out of reach of children; please contact poison control if swallowed" was unlocked, unattended, and accessible in the kitchen and all bedrooms to all residents in the Memory Care Unit. Not all the residents of the home, including the residents on the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (*continued*)**Plan of Correction**

Accept (█) - 08/13/2024)

- *Removed All soaps from resident rooms and kitchen area. 8/8/24*
- *Ordered and replaced soap with non-toxic temporary option on 8/8/24.*
- *The Housekeeping Director is to implement a new soap that is nontoxic. Attached in the intended options label.*
- *Education provided to staff regarding locking toxic substances and ensuring all care products are non-toxic if they are available to the resident.*

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 09/05/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/02/2024, at 9:25 am, there was a strong urine odor in the bathroom of bedroom 1125.

Plan of Correction

Accept (█) - 08/13/2024)

- *The housekeeping Director will facilitate the correction and education for this issue until it is resolved.*
- *The Housekeeping department was immediately notified of these findings and the bathroom was deep cleaned to remove any odor that was present during inspection.*
- *A deep bathroom cleaning was completed on every room on 8/5/2024 by the housekeeper.*
- *The housekeeper will continue to clean every bathroom in Memory Care daily.*
- *Education will be provided to the Memory Care housekeeper for toilet care and floor care to prevent odors by 8/30/24.*
- *The Housekeeping Manager will do room audits weekly for 4 weeks and randomly thereafter to ensure rooms are being cleaned daily.*

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

85b - Infestation

5. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 7/02/2024, at 9:18 am, there was a trail of ants that was coming from outside the building through the window to bedroom 1125.

85b - Infestation (continued)

Plan of Correction

Accept () - 08/13/2024

- Maintenance treated room 1125 on 7/2/2024 immediately following the findings.
- The Maintenance director arranged for professional pest control services through () pest control to eliminate the ants in the resident's room.
- Serviced on 7/19/24, the outdoor area was sprayed for ant infestation.
- 7/26/24 1125 inspected, no activity.
- 8/1/24 1125 inspected, no activity.
- 8/9/24 1125 inspected, no activity.
- The housekeeping staff will be trained in early detection of pests and reporting for prompt treatment by 8/30/2024.
- The maintenance department will conduct weekly reviews of pest control efforts and maintain a log. Document attached.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/05/2024

107b - Emergency Procedures

6. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation*The home's written emergency procedures do not include the contact information for each resident's designated person.***Plan of Correction**

Accept () - 08/13/2024

- The emergency manual was moved to the front desk beside the binder with resident face sheets and emergency contact information.
- Training will be provided to staff as a notice of the location of the disaster binder and the importance of the two binders staying together so that they can be accessed immediately in an emergency by 8/30/2024.
- PCHA will monitor to ensure that they remain together weekly for 4 weeks and randomly thereafter.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/05/2024

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on December 13, 2023, and April 8, 2024, does not include the number of residents evacuated.

The fire drill record for the drill conducted on September 29, 2023, does not include the amount of time it took for evacuation.

Plan of Correction

Accept (█) - 08/13/2024)

- PCHA contacted Fire and life safety solutions for proper documentation.
- ATTACH COMPLETED FORM.
- The designee for the fire drill information did not have the correct information to provide to DHS during the survey upon request.
- Maintenance Director and Manager to be educated on the proper documentation required by the agency and documenting each time the document is updated by the fire safety expert by 8/30/24.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

171b5 - First Aid Kit

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Chevy Bus used to transport residents does not include a thermometer.

Plan of Correction

Accept (█) - 08/13/2024)

- Replaced thermometer in kit on 7/3/24.
- Sealed the kit and placed an expiration date on seal.
- Education to the transportation team regarding auditing and reporting when items are used and removed from the kit will be completed by 8/30/2024
- Resident Services Director to monitor for continued compliance and provide education.
- Complete weekly audits on vehicles for First Aid kit compliance for 4 weeks then 1 time monthly for 6 months and at random thereafter.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

171c - Home's Vehicle Documents

9. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

Various vehicles from the facility, including a 2017 Ford that is used to transport residents, registration expired on May 31, 2024, and was not renewed until today, July 1, 2024.

Plan of Correction

Accept (█) - 08/13/2024)

- Vehicle registration was completed on 7/1/2024.
- Registered the vehicle in Holman system to ensure there is a tracking system and reminder for compliance.
- Resident Services Director or designee will monitor and maintain.
- 1-time monthly audits will be completed to ensure compliance.

Transportation drivers will be educated by 8/30/24 on registration compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

183e - Storing Medications

10. 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 7/02/2024, there was one loose pill in the first drawer of the Memory Care Unit medication cart.

On 7/02/2024, there were two tablets of Lorazepam (0.5 mg) for resident 1 and one tablet of Lorazepam (1 mg) for resident 2 that were falling out of the blister pack foil.

Vitamin D3 belonging to resident 1, expired on 9/2023, was observed in the medication cart.

Plan of Correction

Accept (█) - 08/13/2024)

- Medication was removed from the cart immediately upon findings.
- HWD to complete staff education with nurses by 8/30/2024 related to cart auditing and medication management.
- Nurses and med techs complete daily cart audits – attached form being used.
- HWD or designee to complete full cart audits weekly for 8 weeks and a minimum of once monthly thereafter.

183e - Storing Medications (*continued*)

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/05/2024)

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation*Residents 1 and 2 records do not include a record of incident reports for the individual residents.***Plan of Correction**

Accept (█) - 08/13/2024)

- An audit will be completed by 8/30 to ensure that all incident reports are in the resident record.
- Incident reports will be placed in the resident chart following a reportable incident.

252 - Record Content (continued)

- Education to be provided to nursing staff that the paper copy of reportable incidents are to be filed and remain in the resident record. This education will be complete by 8/30/24.
- During quarterly chart audits PCHA or Designee will ensure all reportable incidents are in the resident record.

Proposed Overall Completion Date: 08/30/2024

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ([REDACTED] - 09/05/2024)