

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

September 20, 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 08/21/2024 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: *06/13/2025*
 Address: *1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WELL BL OPCO LLC*
 Address: [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: *122* Waking Staff: *92*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *08/21/2024*

Inspection Dates and Department Representative

08/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *132* Residents Served: *77*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *26* Residents Served: *25*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *45* Have Physical Disability: *0*

Inspections / Reviews

08/21/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2024*

09/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

09/20/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2024

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 [REDACTED], at approximately [REDACTED] it was reported to staff member A by staff member B that resident 1 had bruising on his/her forearms. Resident 1 stated that the caregiver that helped him/her last night in the bathroom told him/her to get up before the resident was finished. The resident told the caregiver they were not finished but the caregiver grabbed the resident by the arm and forced the resident off the toilet. Staff member C assessed the resident's bruising which measured 2'x2' and the left forearm and 2.5'x2' on the right forearm. A full body assessment was completed on the resident and no further injuries were noted. Staff member D was identified as the caregiver that helped the resident in the bathroom. Staff member D denied grabbing the resident by the arms. Staff member D was terminated on [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/20/2024)

-On 8/12/2024 Inservice Meeting was held for staff to train and educate employees on our zero tolerance of abuse. On 9/9/2024 Staff were educated and trained on abuse prevention and Identifying Indicators of abuse. Abuse Training will be reviewed every 60 days and next on 10/22/2024 with all staff by ED and Director of Clinical Services for the next six months, ending on 2/24/2025. Initial Training(s) attached.
- Violation of 42b to be reviewed by Executive Director and or Designee at Quarterly Quality Improvement meeting on 10/03/2024 and also will reviewed on Quarterly Quality Improvement meeting's for the next year..

Proposed Overall Completion Date: 09/13/2024

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented [REDACTED] - 09/20/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member D date of hire was [REDACTED], and the criminal background was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/20/2024)

-On [REDACTED] an Employee File Audit was started and completed on [REDACTED] for New Hires and Current employees. After completion of the employee audit all current employees have the completed Criminal history check in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code . Effective 8/26/2024 new Hire Checklist was implemented, check list attached. Human resources will continue to audit monthly employee files for the next six months starting on 8/23/2024 and ending 2/24/2025.

51 - Criminal Background Check (continued)

- Violation of 51 to be reviewed at Quarterly Quality Improvement meeting by Executive Director and or Director of Clinical Services on 10/03/2024 and also will reviewed on Quarterly Quality Improvement meeting's for the next year..

Proposed Overall Completion Date: 09/13/2024

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/20/2024)

187b - Date/Time of Medication Admin.**3. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed █. On █ p.m., the resident was at the hospital and was returned to the facility by ambulance at █. Resident 1's medication administration record does not include the initials of the staff person or the reason why these medications were not administered.

Repeat violation: 2/12/2024

Plan of Correction

Accept (█) - 09/20/2024)

-On █ the LPN that failed to omit the medications on █ when █ was at the hospital was educated by the Regional Director of Nursing on proper documentation in a timely manner.

- All Wellness Nurses and Med Tech's were educated on the proper procedure of administration and documenting medication in a timely manner and by the Director of Clinical Services on 9/3/2024.

Director of Clinical Services and or the Assistant Director of Clinical Services will audit the EMAR Incomplete Medication Report daily to ensure all medications are administered and signed out. Monitoring will continue for three months with an end date of December 3, 2024.

- Violation of 187b to be reviewed at Quarterly Quality Improvement meeting by Executive Director and or Director of Clinical Services on 10/03/2024 and also will reviewed on Quarterly Quality Improvement meeting's for the next year.

Proposed Overall Completion Date: 09/13/2024

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/20/2024)

227c - Support Plan Revision**4. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)

Description of Violation

Resident 1's assessment for a significant change was completed on [REDACTED]; however, the resident's current support plan did not indicate the needs for a [REDACTED] order on the [REDACTED] starting on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/20/2024)

-On [REDACTED] support plan revision/addendum was implemented by our Director of Clinical Services to reflect [REDACTED] left lower ankle wound and new treatment order that occurred on [REDACTED].

-[REDACTED] support plan revision/addendum changes will be updated upon [REDACTED] needs.

-The support plan revision/addendum was placed in [REDACTED] Chart with [REDACTED] current RASP.

-Executive Director and Director of Clinical Services implemented a quarterly audit for all DME's, RASPS, and Support Plan Revisions/Addendums , all nursing staff trained on audit process on 9/3/2024 and the required portions of DME, RASPS.

-Director of Clinical Services to maintain quarterly auditing off all DME's, RASPS, and Support Plan Revisions/Addendums . Process to continue for 6 months, beginning on 8/23/2024 and ending on 2/24/2025. August Audit attached.

-Violation of 227c to be reviewed at Quarterly Quality Improvement meeting by Executive Director and or Director of Clinical Services on 10/03/2024 and also will reviewed on Quarterly Quality Improvement meeting's for the next year.

Proposed Overall Completion Date: 09/13/2024

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented ([REDACTED] - 09/20/2024)