

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

March 17, 2025

[REDACTED]  
WELL BL OPCO LLC  
[REDACTED]

ATTN BRENDA BACON  
[REDACTED]

RE: BRANDYWINE LIVING AT  
LONGWOOD  
301 VICTORIA GARDENS DRIVE  
KENNETT SQUARE, PA, 19348  
LICENSE/COC#: 14430

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2025 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 LONGWOOD* License #: *14430* License Expiration: *07/19/2025*  
 Address: *301 VICTORIA GARDENS DRIVE, KENNETT SQUARE, PA 19348*  
 County: *CHESTER* 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: *Other* Date: *06/10/2009* Issued By: *Kennett Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *02/12/2025*

**Inspection Dates and Department Representative**

02/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *92* Residents Served: *56*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reflections* Capacity: *22* Residents Served: *19*  
 Hospice  
 Current Residents: *7*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

02/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/14/2025*

03/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/17/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/17/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42c - Treatment of Residents

### 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

#### Description of Violation

Resident [REDACTED] resides in the [REDACTED]. Resident [REDACTED] is legally blind, has a diagnoses of [REDACTED] and [REDACTED]. The resident has recently been assessed and is awaiting admission to hospice due to recent decline in health. According to staff persons A, B, C and D, Resident [REDACTED] typically will hold their mug up and shake it to indicate they want a drink. On [REDACTED], at approximately 5:00 pm, Resident [REDACTED] raised their mug and shook it to indicate they wanted a drink. Instead of responding to Resident [REDACTED] typical cue for a drink, and addressing the resident's need, staff person B asked resident [REDACTED] repeated questions and made comments such as: "That is not how you ask for a drink", "Can you tell me what you need?", "I can't understand what you need if you nudge me or shake your cup", "What are you raising your cup in the air for?", "If you tell me what you need, I'll get it for you", and told the resident to "use your voice to tell me". This incident was witnessed by staff person A, who spoke up and told staff person B to "be nicer". Staff person B then provided resident [REDACTED] with a drink of water.

#### Plan of Correction

Accept [REDACTED] 03/17/2025)

Executive Director and HR Manager immediately addressed incident with staff person B, who was sent home same day of receiving complaint. As a result of our investigation, staff person B was subsequently terminated for her actions during this incident.

Education as to 42 c Treatment of Residents ( A Resident shall be treated with dignity and respect), was presented at the monthly Staff Town Hall (see attached documentation).

Additional dementia courses for training year 2025 have been assigned pertaining to Dementia, including Dementia and Effective Communication. Direct Care Staff will be required to complete 10 hours of dementia training in training year 2025 (see attached in-service plan)

The Executive Director will be responsible to provide a review of compliance to this regulation at monthly QI beginning April 2025.

Licensee's Proposed Overall Completion Date: 03/11/2025

Implemented [REDACTED] - 03/17/2025)

## 65f - Training Topics

### 2. 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.

65f - Training Topics (*continued*)

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 medication self-administration training or care for residents with dementia and cognitive impairments during training year 2024.*

**Plan of Correction**

Accept [REDACTED] - 03/17/2025)

*Staff Person A has completed missing 2024 training in Medication Self Administration and Care for Residents with Dementia and Cognitive Impairment (see attached documentation).*

*The 2025 Staff Training Plan was previously adjusted to ensure compliance to this regulation (see attached 2025 Staff Training Plan).*

*The Business Office Manager will be responsible to complete and present an audit at quarterly QI beginning April 2025 that details outstanding staff training from previous months so that a plan to complete them can be developed and implemented to remain in compliance.*

**Licensee's Proposed Overall Completion Date: 03/11/2025**

Implemented [REDACTED] - 03/17/2025)

## 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**

*Wood Polish, with a manufacturer's label indicating "if inhaled, remove victim to fresh air and keep at rest in a position comfortable for breathing. Call a poison control center or physician if you feel unwell. If ingested, rinse mouth. Do not induce vomiting. Get medical attention if you feel unwell", and, TB Cide Quat, with a manufacturer's label indicating "if swallowed call a poison control center or doctor immediately for treatment advice", was unlocked, unattended, and accessible to residents in the Activity Closet/Office on the 1st floor Memory Care unit. Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction**

Accept [REDACTED] - 03/17/2025)

*The Wood Polish and TB Cide Quat was immediately removed and locked away at time of survey.*

*A new lock was placed on the Activity Office on 1st Floor Memory Care Unit that provides for easier locking of the door.*

82c - Locking Poisonous Materials (continued)

The Activity Director for the Memory Care unit was in-serviced as to the requirements under this regulation and the requirement to keep poisonous materials locked and inaccessible to residents in the Memory Care Unit (see attached documentation).

The Activity Office Door on the 1st Floor Memory Care Unit is checked during Clinical Meetings that are held by the Wellness Director, Assistant Wellness Director or Designee to ensure the door is locked if the office is unattended (see attached Clinical Meeting Form). Instances of the door being found unlocked and unattended will be immediately reported to the Executive Director.

The Wellness Director will be responsible for providing a report on compliance to this regulation at monthly QI beginning April 2025.

Licensee's Proposed Overall Completion Date: 03/11/2025

Implemented (█) - 03/17/2025

236 - Staff Training

4. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2024 training year.

Direct care staff person C, who works in the Secure Dementia Care Unit (SDCU) had only 5 hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept (█) - 03/17/2025

The 2025 Staff Training Plan was previously adjusted to ensure compliance to this regulation (see attached 2025 Staff Training Plan for Staff Person A and C and 2025 General Staff Training Plan).

The Business Office Manager will be responsible to complete and present an audit at quarterly QI beginning April 2025 that details outstanding staff training from previous months so that a plan to complete them can be developed and implemented to remain in compliance.

Licensee's Proposed Overall Completion Date: 03/11/2025

Implemented (█) - 03/17/2025