

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

November 26, 2025

[REDACTED]
WELL BL OPCO LLC

[REDACTED]
ATTN EDIE EMPIRIO
[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 10/03/2025 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 HAVERFORD ESTATES License #: 14433 License Expiration: 05/09/2026
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: Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 123 Waking Staff: 92

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 10/03/2025

Inspection Dates and Department Representative

10/03/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	118	Residents Served:	78
Secured Dementia Care Unit			
In Home:	Yes	Area:	Serenade/Reflections
Capacity:	28	Residents Served:	20
Hospice			
Current Residents:	1		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	78
Diagnosed with Mental Illness:	21	Diagnosed with Intellectual Disability:	4
Have Mobility Need:	45	Have Physical Disability:	8

Inspections / Reviews

10/03/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2025

11/21/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/25/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 11/26/2025

Inspections / Reviews *(continued)*

11/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] was admitted to Bryn Mawr Hospital and discharged back to the home on [redacted] following a [redacted]. The home did not report this incident to the Department.

Plan of Correction

Accept [redacted] - 11/21/2025)

On 10/6/25 the Wellness Directed completed a review of the charts of recently readmitted residents to ensure compliance to the regulation for reporting incidents (see attached) The Wellness Director sent a reportable incident to The Department on 10/6/2025 (see attached). The Administrator re-educated the management team on 2600.16 on 10/6/2025 and the LPN's on 10/7/25 (see attached). Beginning 10/6/2025, to ensure compliance the Wellness Director or designee will ensure that any conditions listed on the attached training will be reported to The Department in a timely manner. As of 10/6/2025, the Administrator or designee will also follow up with Wellness Director or nursing supervisor to obtain admitting and/or discharge diagnosis from hospital admissions.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/26/2025)

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [redacted], at 9:38 am, 3 cases of apple juice, 5 cases of soda, 3 cases of cranberry juice, 1 box of oreos, and 1 bag of breadcrumbs were stored on the floor in the food pantry in the basement.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 11/21/2025)

During the survey on 10/3/2025, the dishwasher immediately began to remove all items from the floor, as the food delivery was just delivered. The Administrator re-educated the dining team on 2600.103d on 10/6/2025 (attach). Beginning the week of 10/6/2025, until the week of 12/22/2025 the administrator or designee will complete weekly kitchen rounds to ensure compliance with 103d (see attached). Findings from these rounds will be documented and reviewed during 4th quarter QA meeting on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/26/2025)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] 11/21/2025)

Resident [REDACTED] pre-screen date of 7/26/2025 was a typographical error. The Wellness Director typed 7/26/2025, instead of 6/26/2025. The Wellness Director and Clinical Coordinator were re-educated on 224a by the Administrator on 10/22/2025 (see attached). The Wellness Director or designee will complete an audit of preadmission screening forms by 11/7/2025 to ensure compliance with 224a (see attached). To ensure compliance with 224a is maintained, beginning 9/10/2025 until 12/30/2025, the Administrator or designee will complete preadmission screen audit on new admissions, no later than move in date (see attached). Findings from the audits will be reviewed during the 4th quarter QA meeting which will be held on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] - 11/26/2025)

225c Additional Assessment**4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], does not include the resident's mental health needs. However, the home became aware of the resident's [REDACTED] on [REDACTED] and their [REDACTED] mental health needs.

Plan of Correction

Accept [REDACTED] - 11/21/2025)

Resident [REDACTED] assessment was updated on 10/3/2025 (attach). The Administrator re-educated the Wellness Director and Clinical Coordinator on 225c on 10/22/25 (see attached). The Wellness Director or designee will complete an assessment audit by 11/7/2025 to ensure that if a resident had a significant change, a new assessment was completed (attach). Beginning 10/21/2025, the Wellness Director or designee will report any resident significant changes weekly to the Executive Director (see attached). To ensure compliance is maintained, the Wellness Director or designee will review changes weekly, beginning 10/21/25 until 1/6/2026 to verify that all required assessments were completed. This will be reviewed at the 4th quarter QA meeting on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] 11/26/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for mobility device. The resident's support plan dated [REDACTED] does not document how this need will be met.

Repeat Violation: [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 11/21/2025)

Resident [REDACTED] assessment was updated on 10/3/2025 to reflect mobility needs (see attached). On 10/22/25 the Administrator re-educated the Wellness team on regulation 227d (attach). The Wellness Director or designee will complete an assessment audit by 11/7/2025 to ensure compliance with 227d (see attached). To ensure ongoing compliance, the Wellness Director or designee will review all newly completed resident assessments weekly from 10/21/2025-1/6/2026 (see attached). Findings will be reviewed during 4th Quarter QA meeting on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] - 11/26/2025)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 11/21/2025)

Resident [REDACTED] signed the new support plan dated 10/3/2025 (see attached). On 10/22/25, the Administrator re-educated the Wellness Director and Clinical Coordinator on 227g (see attached). By 11/7/2025, the Wellness Director or designee will complete an audit of support plans to ensure compliance with 227g. (attach). To ensure compliance is maintained Wellness Director or designee will review new resident support plans starting 10/21/2025 until 1/6/2026 (see attached). Findings will be reviewed at the 4th quarter QA meeting on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

227g -Support Plan Signatures (continued)

Implemented [REDACTED] 11/26/2025)

251c - Standardized Forms

7. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction

Accept [REDACTED] - 11/21/2025)

Resident [REDACTED] DME was completed on the standardized form on 10/3/2025 (see attached). On 10/22/2025, the administrator re-educated the Wellness Director and Clinical Coordinator on 251c (see attached). Wellness Director or designee will complete an audit by 11/7/2025 of residents who had DMEs completed after 7/1/2025 to ensure correct form was used. To ensure compliance is maintained, the Wellness Director or designee will review new DMEs completed beginning 10/21/2025 until 1/6/2026 (see attached). Findings will be reviewed at the 4th quarter QA meeting on 1/10/2026 at 10am to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] - 11/26/2025)