

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

March 11, 2026

[REDACTED]  
WELL BL OPCO LLC  
[REDACTED]

ATTN EDIE EMPIRIO  
[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 02/12/2026 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: *07/19/2026*  
 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: *94* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *02/12/2026*

**Inspection Dates and Department Representative**

02/12/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *92* Residents Served: *62*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reflections* Capacity: *23* Residents Served: *21*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *32* Have Physical Disability: *0*

**Inspections / Reviews**

02/12/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2026*

03/11/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/04/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND