

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

April 27, 2026

[REDACTED] ED/CORPORATE
CCRC-BRANDYWINE LLC
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320

RE: THE GARDENS AT FREEDOM
VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 12600

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2026, 02/25/2026 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: THE GARDENS AT FREEDOM VILLAGE License #: 12600 License Expiration: 09/20/2026
 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 BOULEVARD, WEST BRANDYWINE, PA, 19320
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 07/14/2016 Issued By: West Brandywine Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/25/2026

Inspection Dates and Department Representative

02/24/2026 - On-Site: [REDACTED]
 02/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 53
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 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: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/24/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2026

04/03/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/24/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/25/2026

Inspections / Reviews *(continued)*

04/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: the location of fire extinguishers.

Plan of Correction

Accept [REDACTED] - 04/03/2026

1. The employee training on location of fire extinguisher will be completed by 4/25/2026
2. HR will audit all other PC employee files to ensure that training on fire training is offered. This audit will be completed by 4/25/26.
3. HR / PHCA will be educated on making sure that all staff members are trained in fire training at orientation and annually. This training will be completed by 4/25/26.
4. Audits will be completed at least on 10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented [REDACTED] - 04/27/2026

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed their 40th scheduled work hour in [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept (█) - 04/03/2026

- 1. The employee training on all required topics will be completed by 04/25/26
- 2. HR will audit all other PC employee files to ensure that training on required topics are offered. This audit will be completed by 4/25/26.
- 3. HR /PHCA will be educated on making sure that all staff members are trained in all required topics in orientation and annually. This education will be completed by 4/25/26.
- 4. Audits will be completed at least on 10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented (█) - 04/27/2026

65e - 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person B received only 2.50 hours of annual training in training year 2025.

Repeat Violation: 02/26/25 et. al.

Plan of Correction

Accept (█) - 04/03/2026

- 1. The 12-hour required employee training will be completed by 4/25/26
- 2. HR will audit all other PC employee files to ensure that all direct care employees have at least 12 hours of training on hire and annually. This audit will be completed by 4/25/26.
- 3. HR / PHCA will be educated on making sure that direct care staff members are trained and have at least 12 hours of training during orientation and annually. This educated will be completed by 4/25/26.
- 4. Audits will be completed at least on 10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented (█) - 04/27/2026

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

65f - Training Topics (continued)

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.
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 B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2025.

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2025.

Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2025.

Repeat Violation: 02/26/25 et. al.

Plan of Correction

Accept (█) - 04/03/2026

1. The employee training Fire Safety will be completed by 4/25/26
2. HR will audit all other PC employee files to ensure that training on fire safety is offered. This audit will be completed by 4/25/26.
3. HR / PHCA will be educated on making sure that all staff members are trained in fire safety at orientation and annually. This education will be completed by 3/21/25.
4. Audits will be completed at least on 10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented (█) - 04/27/2026

65g - Annual Training Content

5. Requirements

2600.

65g - Annual Training Content (continued)

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
 3. Resident rights.
 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 5. Falls and accident prevention.
 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2025.

Staff persons C and D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights during training year 2025.

Repeat Violation: 02/26/25 et. al.

Plan of Correction

Accept ([redacted] - 04/03/2026)

- 1. The employee training on Fire Safety will be completed by 4/25/26
- 2. HR will audit all other PC employee files to ensure that training on fire safety is offered annually. This audit will be completed by 4/25/26.
- 3. HR / PHCA will be educated on making sure that all staff members are trained in fire safety at orientation and annually. This education will be completed by 3/21/25.
- 4. Audits will be completed at least on 10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented ([redacted] - 04/27/2026)

88a - Surfaces

6. Requirements

- 2600.
- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 02/24/25, at approximately 9:56 AM, a large gouge was observed in the wood floor in the living room of apartment 1257. This could be a tripping hazard.

88a - Surfaces (continued)

Plan of Correction

Accept () - 04/03/2026

1. The floor was immediately repaired on 3/4/26.
2. Plant Ops will audit all the floors on the 2nd floor gardens apartments to ensure compliance. This audit will be completed by 4/25/26.
3. Housekeeping will be educated to make sure that they notify maintenance on any such issues immediately. Education will be completed by 4/25/26.
4. Audits will be completed on 4 apartments on the 2nd floor monthly for 6 months then randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. Housekeeping will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented () - 04/27/2026

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 02/24/26, the door to the Mechanical Room on the 3rd floor was not able to close securely.

Plan of Correction

Accept () - 04/03/2026

1. Door latch was fixed on 3/4/26.
2. Plant Ops will audit all mechanical room doors in the gardens. This audit will be completed by 4/25/26.
3. Plant Ops / maintenance will be educated on ensuring all the mechanical doors are latching properly. Education will be completed by 4/25/26.
4. Audits will be completed on the mechanical doors in the garden monthly for 6 months then randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. Plant Ops/ Maintenance will complete all the audits and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented () - 04/27/2026

103g - Storing Food

8. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The covers on the 5 gallon containers of ice cream in the ice cream freezer were not secure and left several spaces open and uncovered.

Plan of Correction

Accept () - 04/03/2026

1. Lid was secured immediately on the same day . Management purchased new 3 gallon re-useable and washable ice cream lids as well as plastic bowl covers to put into circulation.

103g Storing Food (continued)

2. Audit was completed on other ice cream tub lids in the gardens on 2/24/26
3. Education will be provided to dining services staff on proper 'food & beverage storage.' Education will be completed by 4/25/26
4. Audits to be completed by dining services management weekly for four weeks followed by monthly for four months. Results of these audits will be reviewed at QAPI.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented (█) - 04/27/2026)

182b - Prescription Medication**9. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

During a review of medication technicians' certifications on 02/25/26, it was discovered that several members of the home's Med Tech staff have not completed the annual practicums in accordance with the Department's medication administration annual requirements.

On Monday 02/02/26, at approximately 0800 hours, staff person D administered medications to resident #1 to include the following; Amlodipine Besylate Oral Tablet 10 MG, Citalopram Hydrobromide Oral Tablet 10 MG, and Clopidogrel Bisulfate Tablet 10 MG.

On Sunday 02/07/26, at approximately 1900 hours, staff person E administered medications to resident #1 to include the following; Glipizide ER Oral Tablet Extended Release, Hydralazine HCl Oral Tablet 50 MG, and Gabapentin Oral Capsule 100 MG.

On Monday 02/02/26, staff person F administered medications to resident #2 to include the following; Ammonium Lactate External Cream 12%, Cranberry Oral Tablet at 1900 hours and Gabapentin Oral Capsule 100 MG at 2000 hours.

Staff persons D, E and F have not completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept (█) - 04/03/2026)

1. Med techs in question were removed from the carts immediately.

182b Prescription Medication (continued)

2. Remediation and Recertification were completed on 2/28/26
3. Wellness director audited all other med techs for compliance Audit was completed by 3/4/26.
4. Audits will be completed on all med techs monthly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. Wellness director will audit and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented (█) - 04/27/2026)

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 02/25/26, resident #1's Naloxone Hydrochloride Nasal Spray, with an expiration date of 01/2026, was in the home's medication cart.

On 02/25/26, resident #2's Brimonidine Tartrate 0.2% Drops were not marked with an opening date. The manufacturer's instructions do not specify an expiration date, only that the efficacy of the product may diminish over time. However, a search on Drugs.com states "the expiration of brimonidine tartrate ophthalmic solution is typically 28 to 30 days after opening".

Resident #3 is prescribed Diphenoxylate Atropin 1.5 .025 MG Tablet 1 tablet as needed orally four times a day. On 02/25/26, at approximately 10:35 AM, a tear in slot #5 on the blister pack for this medication was observed. The medication was present in the pack.

Repeat Violation: 02/26/25 et. al.

Plan of Correction

Accept (█) - 04/03/2026)

1. Discontinued / Expired/ punctured pills medications were removed from the med carts upon notifications completed 2/25/26.
2. Wellness director audited all other med carts on any discontinued / punctured / expired medications and removed them immediately. Also, audit will include that all medications are marked with an open date. Audit was completed by 3/4/26.
3. Med Techs and LPNs will be educated on making sure that any discontinued / punctured / expired medications are removed from the med carts at the time the medications are discontinued. They will also be trained to make sure that all medications have an open date noted. This will be completed by 4/25/26.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. Wellness director will audit and maintain record.

Licensee's Proposed Overall Completion Date: 04/26/2026

183e - Storing Medications (continued)

Implemented () - 04/27/2026

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed Acetaminophen Oral Tablet 325 MG as needed for mild pain or temperature exceeding 100.2 degrees. On 02/25/26, this medication was not available in the home.

Resident #4 is prescribed Ketoconazole External Cream 2% as needed for redness. On 02/25/26, this medication was not available in the home.

Resident #5 is prescribed Milk of Magnesia Oral Suspension as needed for constipation. On 02/25/26, this medication was not available in the home.

Repeat Violation: 02/26/25 et. al.

Plan of Correction

Accept () - 04/03/2026

- 1.The deficiency could not be retroactively corrected. The required medications were made available by 3/4/26.
- 2. Wellness director will audit 10% of medications and ensure all prescribed medications are available This audit will be completed by 4/25/26.
- 3. Med Techs and LPNs will be educated on the importance of having all medications prescribed available. This training will be completed by 4/25/26.
- 4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance and availability of prescribed meds. Findings and corrections will be discussed in QAPI quarterly meetings. Wellness director will audit and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026

Implemented () - 04/27/2026

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

During a review of medication technicians' certifications on 02/25/26, it was discovered that several members of the home's Med Tech staff have not completed the annual practicums in accordance with the Department's medication administration annual requirements.

190b - Insulin Injections (continued)

On 02/02/26, 02/07/26, and 02/13/26, at 0800 hours, staff person D, who has not successfully completed the Department-approved medications administration course, administered insulin to resident #1.

On 02/07/26, 02/08/26, and 02/13/26, at 1715 hours, staff person E, who has not successfully completed the Department-approved medications administration course, administered insulin to resident #1.

On 02/02/26 and 02/15/26, at 1630 hours, staff person F, who has not successfully completed the Department-approved medications administration course, administered insulin to resident #2.

Plan of Correction**Accept ([REDACTED] - 04/03/2026)**

1. Med techs in question were removed from the carts immediately.
2. Remediation and Recertification were completed on 2/28/26
3. Wellness director audited all other med techs for compliance Audit was completed by 3/4/26.
4. Audits will be completed on all med techs monthly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. Wellness director will audit and maintain record.

Licensee's Proposed Overall Completion Date: 04/25/2026**Implemented ([REDACTED] - 04/27/2026)**