

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

April 17, 2026

[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 03/05/2026 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 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:** 131 **Waking Staff:** 98

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 03/05/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 118 **Residents Served:** 85

Secured Dementia Care Unit

In Home: Yes **Area:** Reflections/Serenade **Capacity:** 28 **Residents Served:** 19

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 85
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 46 **Have Physical Disability:** 0

Inspections / Reviews

03/05/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/09/2026

04/10/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/16/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/17/2026

Inspections / Reviews *(continued)*

04/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

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], staff member A told staff member B, the Executive Director/Administrator that they overheard staff member C say to resident [redacted] "don't touch me." the week before. This incident should have been reported immediately to the management team and to the Department.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 04/10/2026)

On 2/20/2026, Staff Member C was immediately placed on investigatory suspension. On 2/20/2026 Staff Member A was re-educated by Staff Member B on Abuse and Mandatory Act 13 Reporting (attached). On 2/23/2026, Staff Member C was terminated (attached). Beginning 2/22/2026-2/26/2026, Staff Member B re-educated the team members on Abuse and Mandatory Act 13 Reporting (attached).

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented [redacted] - 04/17/2026)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Some time between [redacted] and [redacted], exact date not available, staff member C called resident [redacted] a [redacted] because the resident touched the staff member.

Plan of Correction

Accept [redacted] - 04/10/2026)

On 2/20/2026, Staff Member C was immediately placed on investigatory suspension once Staff Member B became aware of the allegation (attached). Staff Member C was terminated on 2/23/2026 (attached). Beginning 3/25/26-4/2/2026 Staff Member B re-educated team members on Resident Rights and Dignity and Respect (attached). The executive director will document speaking with 5 residents per week beginning 4/6/2026-7/6/2026 to ensure residents are being treated with dignity and respect (attached). Any complaints will be investigated and reported per regulations. Results will be discussed during the 2nd quarter QA meeting at 10am on 7/22/2026.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented [redacted] - 04/17/2026)

65b - Rights/Abuse 40 Hours

3. 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.

65b Rights/Abuse 40 Hours (continued)

- 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 member C completed their 40th scheduled work hour in February 2025. However, this staff member did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] - 04/10/2026

Staff Member C was terminated on [REDACTED] (attached). By 4/10/2026, the business manager will complete a team member file audit to ensure compliance with 65b (attached). Non compliant team members will receive training from the executive director by 4/17/2026 (attached) Beginning 4/17/2026 through 7/31/2026, the executive director or designee will confirm compliance with 65b prior to team member reaching 40 scheduled hours (attach). Results of the pre 40 hour checks will be discussed during the 2nd quarter QA meeting on 7/22/2026 at 10am.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 04/17/2026

88a - Surfaces

4. 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

The drain cover in the first floor men's public restroom is not secured to the drain and pops off when stepped on causing a tripping hazard.

Plan of Correction

Accept [REDACTED] - 04/10/2026

The maintenance director immediately secured drain on 3/5/2026 (attached). On 3/9/2026, the executive director re educated the maintenance director, assistant and housekeeping on 88a (attached), Beginning 3/30/26 6/30/26, the executive director or designee will check public restroom weekly to ensure the drain is secured (attached). Results of the weekly checks will be reviewed during the 2nd quarter QA meeting on 7/22/2026 at 10am.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented [REDACTED] 04/17/2026

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

The left front leg on one of the dining room chairs in the private dining room buckled inward when Licensing Representative sat on the chair. Upon inspection, the leg was not securely attached to the frame of the chair.

Plan of Correction

Accept [REDACTED] - 04/10/2026

On 3/5/2026, The maintenance director immediately removed the chair from the private dining room. The maintenance director repaired the chair on 3/6/2026 (attached). The executive director re educated maintenance

95 - Furniture and Equipment (continued)

director, assistant and housekeeping on 2600.95 on 3/9/2026 (attached). To ensure compliance is maintained, the executive director or designee will check dining room chairs weekly beginning 3/30/2026-6/30/2026 (attached). Results of the weekly checks will be reviewed during the 2nd quarter QA meeting on 7/22/2026 at 10am.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented () - 04/17/2026)

144d - Smoking Outside**6. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On several occasions, resident () has been observed smoking in () room which is not the home's designated smoking area. On other occasions, housekeeping staff have observed evidence of the resident smoking in () room including ashes in the sink and cigarette butts in a cup with water.

The home's designated smoking area is outside the home.

Plan of Correction

Accept () - 04/10/2026)

On 2/25/2026, resident () was given a notice which included the residency agreement page #8 which stated that the Home is a non-smoking community. Continued violation of the smoking policy will lead to a 30-day notice (attached). The executive director will spoke with resident () and () POA, they requested an apartment on the 1st floor, so resident () would not have to use the elevator. Resident () was moved to the 1st floor on 3/19/2026 (attached). This will also allow team members to identify smoking quickly as apartment is close to the main lobby. Team members will continue to ask resident to extinguish cigarette immediately and report if resident is observed smoking in () apartment. They will also report any signs (ashes, cigarette butts) of smoking to their supervisor immediately. On 3/1/2026, the resident was prescribed a nicotine patch (attached). Beginning 3/2/2026-8/2/2026, the executive director or designee will complete random apartment checks throughout the normal workday to ensure compliance is maintained. Any non-compliance will be documented as a repeated violation of house rules and may result in a 30-day notice. Random check results will be discussed during the 2nd quarter QA meeting which will be held on 7/22/2026 at 10am.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented () 04/17/2026)

227d - Support Plan Medical/Dental**7. 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 () dated (), indicates the resident has a need for Transferring in/out of bed/chair, Toileting, Ambulating, Managing health care as well as several other Personal Care Needs

227d - Support Plan Medical/Dental (continued)

. The resident's support plan, also dated [REDACTED], does not document how these needs will be met.

Repeat Violation: [REDACTED]

Plan of Correction**Accept** [REDACTED] - 04/10/2026

The wellness director updated the assessment for resident [REDACTED] on 3/5/2026 (attached). The Executive Director re-educated the wellness director on 2600.227d on 3/10/2026 (attached). By 4/17/2026, the wellness director will audit assessments and support plans to ensure compliance with 2600.227d (attach). Non-compliance items will be updated at that time. To ensure compliance is maintained, the wellness director or designee will audit new resident assessments/support plans for 3 months beginning 4/18/2026. Results of the audits will be discussed during the 2nd quarter QA meeting which will be held on 7/22/26 at 10am.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 04/17/2026