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

May 7, 2026

[redacted], PRESIDENT
WELL BL OPCO LLC
[redacted]

RE: BRANDYWINE LIVING AT UPPER PROVIDENCE
1133 BLACK ROCK ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14431

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2026, 03/26/2026 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 UPPER PROVIDENCE* **License #**: *14431* **License Expiration**: *06/13/2026*

Address: *1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460*

County: *MONTGOMERY* **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: *I-1* **Date**: *03/31/2015* **Issued By**: *Upper Providence Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *144* **Waking Staff**: *108*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *03/26/2026*

Inspection Dates and Department Representative

03/25/2026 - On-Site: [redacted]

03/26/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* **Residents Served**: *88*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd floor* **Capacity**: *26* **Residents Served**: *23*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *88*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *56* **Have Physical Disability**: *0*

Inspections / Reviews

03/25/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/24/2026*

04/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/07/2026*

Inspections / Reviews *(continued)*

05/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/25/26 at 9:51 a.m., a unlocked and unattended narcotics control binder was found on top of a medication cart on the fourth floor. The binder contained the inventory log and directions for several residents medications.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

-On 3/25/2026 Narcotic Log was immediately secured and Nurse responsible was educated on confidentiality.
-On 4/01/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.17 and our Confidentiality Policy with all Nurses/Med Tech's. Nurses/Med Tech's will secure Narcotic Book at all times.
-Director of Clinical Services or designee will audit all med carts throughout each week to ensure confidentiality starting week of 04/20/2026 for three month and ending 07/20/2026
-Please see attached supporting documents
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

65i - Training Record

2. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's records of annual staff fire safety training for all staff of the home did not include the dates of completion or the training source.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 03/27/2026 the Executive Director reviewed 2600.65i and our Annual Staff Training Plan with our Business Office Manager and Maintenance Director.
-Executive Director and Business Office Manager updated 2026 Annual staff training to ensure 2600.65i requirements for all staff fire safety training the dates of completion and the training source.
-The all staff fire training will be held on April 28th and April 29th 2026 with our certified Fire Safety trainers, Maintenance Director and Executive Director.
-Supporting training documents will be uploaded to plan of correction once completed on 4/28/2026 and 4/29/2026.
-Ongoing Annual Fire Safety Training will have specific date and training source for all staff.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2026 and ongoing Quarterly Quality improvement Meeting throughout 2026.

65i - Training Record *(continued)*

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/07/2026)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 3/26/26, a bedside mobility device was observed in resident bedroom 315. The openings measured 10.5 inches between bars and 7.5 inches from the top bar to the top of the bed, the device did not have a cover to meet the FDA guidelines and posing a risk of entrapment.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 3/31/26 and 4/01/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.81b and our Bed Enabler Policy with Nursing Team, Maintenance Team, Housekeeping Team, and Activities Team (all staff that enter resident rooms. .
-Enabler bar removed from bed on 3/26/2026.
-On 3/27/2026 Physical Therapy order obtained for resident in apartment 315 to screen for proper usage and need of mobility device.
-A room audit was completed by Executive Director and Director of Clinical Services on 3/27/2026 to ensure no other under mattress enablers were in the community.
-Beginning 3/27/2026 and ongoing indefinitely, all new residents will be instructed on the use of enablers at time of admission.
-Executive Director, Director of Clinical Services and Assistant Director of Clinical Services, beginning 3/27/2026, will check all rooms on a monthly basis on the last Week of the month for 3 months with an end date of 6/29/2026.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

141a - Medical Evaluation

4. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 1's document of medical evaluation dated [redacted] had no boxes checked to indicate whether the needs of the resident could be met in the personal care home.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 4/01/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.141a, medical

141a Medical Evaluation (continued)

evaluations with all Nurses/Med Tech's.
On 3/30/2026 Executive Director, Director of Clinical Services, and Assistant Director of Clinical Services audited all resident charts to ensure all resident needs can be met in our personal care home on medical evaluation.
Executive Director and Director of Clinical Services implemented DME audit. Audit implemented on 04/03/2026, our next admission.
Director of Clinical Services to maintain quarterly auditing off all DME's. Process to Continue for Six Months, Beginning on 3/30/2026 and ending on 09/30/2026.
Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.
Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Proposed Overall Completion Date: 09/30/2026

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 4's initial medical evaluation was completed on [redacted] The resident's annual medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 4/01/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.141b1 with all Nurses/Med Tech's.
On 3/30/2026 Executive Director, Director of Clinical Services, and Assistant Director of Clinical Services audited all resident charts to ensure all resident have their initial DME, annual, and or significant change DME.
Director of Clinical Services or designee to maintain quarterly auditing off all DME's. Process to Continue for Six Months, Beginning on 3/30/2026 and ending on 09/30/2026.
Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

162c - Menus Posted

6. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's posted menus reflected a four week cycle; however, they did not include specific dates, making it unclear

162c - Menus Posted (continued)

which weeks were current or upcoming.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 03/25/2026 our Culinary Service Director replaced the four week menu with an updated menu with specific dates.
-Executive Director educated Culinary Director on regulation 2600.162c.
-Culinary Service Director or designee will post menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and will be followed.
-Menu will audited by Culinary Service Director or designee weekly for compliance. Process to Continue for three months, Beginning on 4/13/2026 and ending on 07/13/2026.
-On 3/31/2026 Culinary Department in serviced on regulation 2600.162c compliance.
-Please see attached supporting documents.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

183e - Storing Medications

7. 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 3/26/26 a Lispro Insulin pen belonging to Resident 2 was present in the medication cart with an opened on date of 2/17/26. Per manufacturer instructions, the unused portion of medication in the pen should be discarded 28 days after opening.

Repeat Violation Date: 1/7/25 et al.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 4/01/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.183e, proper storage of medications and reviewed the Brandywine by Monarch Medication Administration Policy with all staff administering medications..
-Violation was corrected during time of inspection. Insulin pen was removed and replaced with proper documentation. Nursing will complete a storage of medication audit x 4 starting on 4/20/2026 then monthly for compliance for a total of six months ending on 10/20/2026.
-Please see supporting documents.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

185a - Implement Storage Procedures

8. 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

On 3/26/26 at 10:45 a.m., during a medication audit, Resident 3's glucometer had a reading of 180 but this was documented as 140 on the resident's glucose log.

On 3/22/26 at 5:21pm, Resident 3's glucometer had a reading of 291, however this reading was not documented on the residents glucose log.

Repeat Violation Date: 1/7/25 et al.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 4/01/2026, Nurses and Med Tech's were in-serviced by the Executive Director and Director of Clinical Services in regard to regulation 2600.185a the safe storage, access, security, distribution and use of medications
-Glucometer Checks will be completed by Overnight Nurse to verify each resident's glucometer reading and MAR documentation match daily. Nurse to report any discrepancies to Director of Clinical Services.
-Weekly glucometer audits to be completed by Wellness Director or wellness designee weekly for the next three months and to be recorded via Glucometer audit sheet. In order to prevent transcription errors, Wellness Director to review that glucometer readings match in the computer system and log book on a weekly basis. Audits to begin on April 20th, 2026 and end on October 20th, 2026.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed a sliding scale for Humalog Kwikpen insulin coverage as follows: 200-250=2u, 251-300=4u, 301-350=6u, 651-400=8u, 401-450=10u, >450-call MD. On 3/22/26 at 5:21pm- resident 3's glucometer had a reading of 291 requiring 4u of insulin to be administered, however no insulin was administered.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

On 4/01/2026 the Executive Director and Director of Clinical Services reviewed and educated Nurses on regulation 2600.187d following prescriber's orders.
-On 03/27/2026 Director of Clinical Service implemented Blood glucose documentation requirement in our eMAR prior to insulin administration, and the insulin dose must correspond directly to the reading in accordance with the prescriber's orders. This will ensure compliance and enhance resident safety, additional safeguards have been implemented within the eMAR system. This process reduces the risk of manual entry errors and helps ensure accurate medication administration.

187d - Follow Prescriber's Orders (continued)

-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/24/2026*

Implemented (- 05/07/2026)

225c - Additional Assessment

10. 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 8's assessment dated does not include an accurate assessment of the residents needs for irritability, agitation, or aggression. The assessment identifies the needs as moderate, and indicates that the resident is verbally and physically violent but according to staff of the home, the resident is not or has not ever been violent towards others.

Plan of Correction ***Accept (- 04/28/2026)***

On 4/20/2026 and 4/21/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.225c, Additional assessments with the Nurses.
-On 4/22/2026 Director of Clinical Services created a new RASP to reflect Resident 8's needs.
-Director of Clinical Services and Assistant Director of Clinical Services will complete audit of resident RASP's by 04/30/2026. Resident RASP's will be audited Monthly for the next three months, May, June, and July 2026.
-Please see supporting documents
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented (- 05/07/2026)

227c - Support Plan Revision

11. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's RASP, dated , indicated a need for some physical assistance for transfers, incontinence care, hygiene, turning and positioning, engagement in social activities, or access to clean clothing; however, there was no documented plan outlining how the resident's needs would be met.

Resident 5's RASP, dated , indicated needs for supervision, mobility assistance, and medication

227c Support Plan Revision (continued)

administration; however, there were no descriptions of these needs or a documented plan outlining how they would be met.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

Executive Director and Director of Clinical Services in serviced Nurses on regulation 2600.227c on 04/01/2026.

Executive Director and Director of Clinical Services implemented a monthly audit for all RASP Revisions/Addendums, all nursing staff trained on audit process on 4/01/2026. Initial Audit Completed on 04/08/2026

Director of Clinical Services to maintain monthly auditing off all RASP Revisions/Addendums. . Process to Continue for three Months, Beginning on 05/01/2026 and ending on 08/31/2026.

Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

227d - Support Plan Medical/Dental

12. 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

Resident 6's support plan, dated [redacted] notes the use of a halo bar for bed mobility and indicates that a cover is not required; however, it the residents support plan fails to address the device's intended use, associated risks, and the resident's ability to use the device safely for its intended purpose.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

Executive Director and Director of Clinical Services in serviced Nurses on regulation 2600.227d, Support Plan Medical/Dental on 04/01/2026.

Director of Clinical Services revised Resident 6's Support plan to reflect Halo's intended use, risks, and resident 6's ability to use the Halo.

Beginning 3/27/2026 and ongoing indefinitely, all new residents requiring a mobility device will be instructed or need to demonstrate the device's intended use, associated risks, and the resident's ability to use the device safely for its intended purpose.

Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/24/2026*

Implemented ([redacted] - 05/07/2026)

234d - Support Plan Revision

13. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident 7 was involved in a physical altercation with Resident 8 on [redacted] Resident 7's support plan, dated [redacted] was not updated or revised to identify that they have a need related to physical aggression or a plan to support that need.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

-Executive Director and Director of Clinical Services in serviced Nurses on regulation 2600.334d, Support Plan Revision on 04/20/2026 and 04/21/2026.
-On 3/31/2026 Director of Clinical Service revised resident 7's support plan to identify that she has a need related to physical aggression and a plan to support this need.
-Director of Clinical Services to maintain monthly auditing off all DME's, Assessment, and Support Plan Revisions/Addendums. . Process to Continue for three Months, Beginning on 4/20/2026 and ending on 07/31/2026.
-Please see supporting documents.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)

251c - Standardized Forms

14. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident 5's medical evaluation dated [redacted], was completed on an Assisted Living Residence DME form and not on a Personal Care Home DME form.

Plan of Correction ***Accept ([redacted] - 04/28/2026)***

-Executive Director and Director of Clinical Services in serviced Nurses on regulation 2600.251c on 04/01/2026.
-All resident charts were audited for the correct medical evaluation for Personal Care Homes by the Executive Director, Director of Clinical Services, and Assistant Director of Clinical Services on 3/30/2026.
- Process to Continue for three Months, Beginning on 4/03/2026 and ending on 07/06/2026.
-All new admission Personal Care Home required forms will be reviewed by Executive Director, Director of Clinical Services, and or Director of Clinical Services upon admission and ongoing by Director of Clinical Services, Director of Clinical Services, and Nursing department.
-Please see attached supporting documents.
-Violation will be reviewed at next Quarterly Quality improvement Meeting on 4/28/2029 and ongoing Quarterly Quality improvement Meeting throughout 2026.

251c Standardized Forms *(continued)*

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 05/07/2026)