

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

June 29, 2026

[REDACTED], EXECUTIVE DIRECTOR
CCRC-BRANDYWINE LLC
25 FREEDOM BLOUVARD
WEST BRANDYWINE, PA, 19320

RE: THE INN AT FREEDOM VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 11875

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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 INN AT FREEDOM VILLAGE* License #: *11875* License Expiration: *06/20/2026*
 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 BLOUVARD, WEST BRANDYWINE, PA, 19320*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/23/1998* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *17*

Secured Dementia Care Unit
 In Home: *Yes* Area: *The Inn* Capacity: *25* Residents Served: *17*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

04/30/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2026*

05/28/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/16/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2026*

Inspections / Reviews *(continued)*

06/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/18/2026

06/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65g - Annual Training Content

1. Requirements

2600.

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 A and B did not receive training in in-person fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

Repeated Violation- 05/29/2025

Plan of Correction

Accept (████) - 06/01/2026)

1. The employee training Fire Safety will be completed by 6/16/26.
2. HR will audit all other employee PC files to ensure that training on Fire Safety. This audit will be completed by 6/16/26. Audits will be completed by the PCHA and Human Resources designee.
3. HR / PHCA / Designee will be educated by Human Resources Director on making sure that all staff members are trained in fire safety at orientation and annually. This education will be completed by 6/16/26.
4. Audits will be completed on at least 10% of the employee files weekly for 4 weeks and randomly thereafter for 3 months to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR Director will complete all the audits and maintain records. Audits will begin 6/10/2026. QAPI will be discussed by the PCHA.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (████) - 06/29/2026)

185a - Implement Storage Procedures

2. 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 4/29/26, the glucometer for Resident #1 was not calibrated to the correct time. While the glucometer did not display the current date or time, the reading for the morning of 4/29/26 on the glucometer at 6:08am was recorded on the Medication Administration Record as 7:20am. At the time of the audit, a staff person was able to correct the time on the glucometer.

On 4/10/26 at 12:48p, Resident 1's glucometer showed a reading of 153 mg/dl, while the reading recorded on the Medication Administrator Record read 161 at 7:59am.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 06/01/2026

1. The deficiency could not be retroactively corrected. The required calibration will be completed by 6/10/26 .
2. Wellness director will audit 10% of glucometers and ensure all will be calibrated by 6/16/26.
3. Med Techs and LPNs will be educated on the importance of having all glucometers calibrated . This training will be completed by 6/16/26. Training will be completed by PCHA or Wellness director or designee..
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance and availability of prescribed meds. Audits will be completed by wellness director or designee. Findings and corrections will be discussed in QAPI quarterly meetings by PCHA. Wellness director will audit and maintain record. Audits will start on 6/10/26.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (█) - 06/29/2026

190c - Record of Training

3. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include the full completion date, trainer signature or date, student signature or date, or an indication if the student requalified or failed to requalify.

Plan of Correction

Accept (█) - 06/01/2026

1. Med tech in question was removed from the carts immediately.
2. Remediation and Recertification will be completed by 6/16/26 by Wellness Director.
3. Wellness Director will audit all other med techs for compliance audit was completed by 6/16/26.
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 records. Audits will start 6/10/26. QAPI will be discussed by PCHA.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (█) - 06/29/2026

234d - Support Plan Revision

4. Requirements

2600.

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

Description of Violation

A support plan for resident 1 was completed on █ however, it did not contain █ special diet information and plan for the resident's need for chopped meats.

Plan of Correction

Accept (█) - 06/01/2026

1. The resident support plan will be updated to include special diet by 6/10/26..
2. The Wellness Director / PCHA will audit special diet support plans. This audits will be completed by 6/16/26.

234d Support Plan Revision (continued)

- 3. The Wellness Director will be educated by the PCHA to make sure that special diets are included in support plans. Education will be completed by 6.16.26.
- 4. Audits will be completed on all RASPs for special diets weekly for 4 weeks and randomly thereafter for 3 months to ensure compliance. Audits will be completed by the Wellness Director. Findings and corrections will be discussed in QAPI quarterly meetings. PCHA will discuss in QAPI. Audits will start on 6.10.26.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (████) - 06/29/2026)

251c - Standardized Forms

5. Requirements

2600.

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

Description of Violation

Resident 1's Support Plan, dated █████, was not completed on the Department's current standardized form and missing the elements of aggression needs, supervision needs, and long term and short term memory needs.

Plan of Correction

Accept (████) - 06/01/2026)

- 1. The residents' support plan could not be retroactively rectified.
- 2. The wellness director / PCHA will audit support plans to ensure they are completed on approved standardized forms. Audit will be completed by 6/16/26.
- 3. The Wellness Director will be educated in ensuring that support plans are completed on approved forms. Education will be completed by 6/16/26.
- 4. Audits will be completed on support plans for memory weekly for 4 weeks and randomly thereafter for 3 months to ensure compliance and. Findings and corrections will be discussed in QAPI quarterly meetings. PCHA / Wellness Director will audit and maintain record. Audits will start at 6.10.26. QAPI will be discussed by PCHA.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (████) - 06/29/2026)