

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

September 29, 2026

[REDACTED]
WELL BL OPCO LLC
[REDACTED]

C/O MONARCH COMMUNITIES
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2026 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:** 06/13/2027
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:** 165 **Waking Staff:** 124

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/27/2026

Inspection Dates and Department Representative

07/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 132 **Residents Served:** 97

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care Unit **Capacity:** 26 **Residents Served:** 23

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 97
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 68 **Have Physical Disability:** 2

Inspections / Reviews

07/29/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/14/2026

09/17/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/29/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/22/2026

Inspections / Reviews (*continued*)

09/29/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/29/2026
Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

09/29/2026 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 09/29/2026
Reviewer: [REDACTED] Follow Up Type: *Not Required*

63d - Certified CPR Staff

1. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with [REDACTED] training, unless the resident has a do not resuscitate order.

Description of Violation

On [REDACTED], resident [REDACTED] was found unresponsive by staff member A. Staff member A was present and on duty at the time and failed to render assistance to the resident in accordance with [REDACTED] training.

Plan of Correction

Accept [REDACTED] - 09/29/2026)

On 09/08/2026 All staff Training began to review regulation 2600.63(d) and Monarch's policy on Medical Emergencies.

A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with [REDACTED] training, unless the resident has a do not resuscitate order. We reviewed that staff will call for STAT assistance over the walkie and should not delay assistance under any circumstance.

-Director of Clinical Services or designee will make sure one staff member for every 50 residents is trained in First aid, CPR, and obstructed airway training.

-Staff person A was educated on the importance in providing First aid, CPR, and obstructed airway services in accordance with [REDACTED] training. Staff person A will be retrained in First aid, CPR, and obstructed airway on 09/22/2026. This is the first available CPR Instructor training available. Staff person A acknowledged an understanding of [REDACTED] responsibilities.

-Staff person A's employee file was updated with [REDACTED] current First aid and CPR card. Please see attached

-Next First aid, CPR, and obstructed airway training will be held on 09/22/2026 and available to all staff at Brandywine Upper Providence

-All resident's that are a Full Code or DNR are clearly identified on our EMAR system that is available to Nursing. This will be kept up to date by Director of Clinical Services, Nursing, and or designee.

-Educational training on regulation 2600.63d with staff will be completed by Executive Director or designee and will be completed by 09/22/2026. During monthly staff meetings and ongoing supervisory rounds, leadership will reinforce and monitor that staff know how to immediately call for STAT assistance during a medical emergency and understand that emergency assistance is not to be delayed.

-Violation will be reviewed additionally at All Staff meeting on 09/23/2026 and monthly at staff meetings for the next six months.

-Violation will be reviewed at next Quarterly Quality improvement Meeting on 09/22/2026 and ongoing Quarterly throughout 2027.

-Please see attached training log for All Staff and Staff person A training.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/29/2026)

141a - Medical Evaluation

2. Requirements

2600.

141a Medical Evaluation (continued)

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

The medical evaluation for resident [REDACTED] was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction**Accept [REDACTED] - 09/29/2026)**

On 09/08/2026 the Executive Director and Director of Clinical Services reviewed regulation 2600.141a, medical evaluations with all Nurses/Med Tech's.

On 09/08/2026 Executive Director, Director of Clinical Services, and Regional Nurse audited all resident charts to make sure all Medical Evaluations are in compliance with regulation 2600.141(a). See attached audit Auditing will occur monthly for three months for compliance and end on 12/08/2026.

Director of Clinical Services or designee to maintain quarterly auditing of all DME's. Process to Continue for six months, Beginning on 09/08/2026 and ending on 03/08/2027.

Attached is the Initial DME, Status Change DME when this resident returned from Rehab [REDACTED] was out of the community at Rehab at the time of the annual, Status Change DME 07/07/26 when [REDACTED] was admitted to Palliative Care.

Attached is Record of Training for Nurses and Med Tech's completed by Executive Director and Director of Clinical Services.

Violation will be reviewed at next Quarterly Quality improvement Meeting on 10/21/2026 and ongoing Quarterly.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/29/2026)