

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

September 18, 2026

[REDACTED]
CCRC-BRANDYWINE LLC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2026 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 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: [REDACTED]
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: **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/30/2026

Inspection Dates and Department Representative

07/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 73 **Residents Served:** 56

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:** 56
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/30/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/27/2026

08/27/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/11/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/01/2026

Inspections / Reviews (*continued*)

09/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/14/2026

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report**1. Requirements**

2600.

- 15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at 10:45 AM, it was reported to Staff Person A that there were multiple unauthorized charges totaling approximately [REDACTED] to Resident [REDACTED]'s credit card. Staff Person A immediately reported this information to Staff Person B, however, this allegation of possible financial abuse was not reported to the local area agency on aging.

Plan of Correction**Accept [REDACTED] - 09/03/2026)**

1. 8/6/26 - Health and Wellness Director educated by PCHA on requirement of verbal and written reporting to Chester County AAA in all allegations of abuse, including financial exploitation.
2. The person who was Acting PCHA at the time of this incident is no longer an employee of Freedom Village at Brandywine.
3. 8/31/26 – Current PCHA provided retroactive report of incident to Chester County Adult Protective Services.
4. By 9/5/26, PCHA will audit all 2026 Reportable Incident Reports for compliance with Regulation 15a.
5. Beginning 9/11/26, PCHA or Designee will audit all Reportable Incident Reports for compliance with Regulation 15a weekly for 5 weeks.
6. To ensure ongoing compliance, PCHA or Designee will conduct random monthly audits of Reportable Incident Reports to ensure compliance with Regulation 15a. Any non-compliance identified during audits will result in immediate retroactive reporting to Chester County Adult Protective Services and re-education/corrective action of involved staff.

Licensee's Proposed Overall Completion Date: 09/12/2026**Implemented [REDACTED] - 09/18/2026)****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 B completed [REDACTED] 40th scheduled work hour prior to [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), and/or reporting of reportable incidents and conditions.

Repeat Violation: [REDACTED]

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept [REDACTED] - 09/03/2026)

1. 8/1/26 – New Hire Orientation Checklist was initiated and utilized for New Hires of staff on Regulation 65b
2. By 9/11/26 – PCHA, HR Director or Designee will audit 2026 New Hire employee training records for compliance with Regulation 65b
3. By 9/30/26 – PCHA or Designee will complete education for all 2026 New Hire employees identified as missing education topics within Regulation 65b. Any employee identified with missing education within Regulation 65b will work in tandem with a trained employee until education is complete.
4. Beginning 9/1/26 – PCHA or Designee will audit all New Hire Orientation Checklists for compliance with Regulation 65b weekly for 5 weeks. Any new employee found to be out of compliance will remain working alongside a trainer until compliance is achieved.
5. To ensure ongoing compliance, PCHA or Designee will verify each new employee's successful completion of New Hire Orientation in compliance with Regulation 65b prior to that new employee working independently.

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented [REDACTED] 09/18/2026)

65g - Annual Training Content

3. 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).
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person A 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), and/or new population groups that are being served at the home that were not previously served, if applicable during training year [REDACTED] through [REDACTED].

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/03/2026)

1. 8/1/26 – Annual Training Checklist was initiated and utilized for compliance with Regulation 65g
2. By 9/11/26 – PCHA, HR Director or Designee will audit employee training records for compliance with Regulation 65g
3. Beginning 9/1/26 – PCHA or Designee will complete an audit of current employee training records monthly through 2026 to ensure staff compliance with the requirements of Regulation 65g.

65g - Annual Training Content (continued)

4. To ensure ongoing compliance, PCHA or Designee will maintain monthly audits of employee annual training records to verify compliance with Regulation 65g is met prior to each calendar year end.

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented [REDACTED] 09/18/2026)

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for Resident [REDACTED]'s [REDACTED] does not include the correct instructions for administration. The current order indicates instill 1 drop in both eyes two times a day, however the pharmacy label indicates administer 1 drop into both eyes three times a day; there is not a change of direction label on the prescription bottle.

Plan of Correction

Accept [REDACTED] - 08/27/2026)

1. 7/30/2026 – Pharmacy label was corrected for cited medication
2. 8/4/26 – Audit completed of current medications for residents and corrections made as necessary
3. By 8/31/26 – Health and Wellness Director have educated current LPN and Med Tech staff on requirements within Regulation 184a.
4. Beginning 8/10/26 – Health and Wellness Director, Resident Care Coordinator and/or LPN Designee will audit current medications and make corrections as necessary weekly for 5 weeks.
5. Health and Wellness Director will monitor to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented [REDACTED] - 09/18/2026)

185a - Implement Storage Procedures**5. 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 [REDACTED] is prescribed [REDACTED], give 2 tablets by mouth every 4 hours for temp above 100.4 as needed. On [REDACTED] this medication was not available in the home.

185a Implement Storage Procedures (continued)

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/27/2026)

1. 7/30/2026 Pharmacy label was corrected for cited medication
2. 8/4/26 Audit completed of current medications for residents and corrections made as necessary
3. By 8/31/26 Health and Wellness Director will have educated current LPN and Med Tech staff on requirements within Regulation 185a.
4. Beginning 8/10/26 Health and Wellness Director, Resident Care Coordinator and/or LPN Designee will audit current medications and make corrections as necessary weekly for 5 weeks.
5. Health and Wellness Director will monitor to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented [REDACTED] - 09/18/2026)