



CERTIFIED MAIL – RETURN RECEIPT REQUESTED MAILING
DATE: January 15, 2021

Ms. Paola Fusaro
Executive Director
WELL BL OPCO, LLC
Attn: Brenda Bacon
525 Fellowship Road, Suite 360
Mount Laurel, New Jersey 08054

RE: Brandywine Living at Longwood
301 Victoria Gardens Drive
Kennett Square, Pennsylvania 19348
License #: 144301

Dear Ms. Fusaro:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection July 21, 2020 and October 28, 2020 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (144300) dated June 14, 2020 to June 14, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated June 14, 2020 to June 14, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 15, 2021 to July 15, 2021

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Fusaro

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Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large initial "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

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

Facility Information

Name: *BRANDYWINE LIVING AT LONGWOOD* License #: *14430* License Expiration Date: *06/14/2021*
 Address: *301 VICTORIA GARDENS DRIVE, KENNETT SQUARE, PA 19348*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Paola Fusaro* Phone: *4847346200* Email:
pfusaro@BRANDYCARE.com; shparker@pa.gov

Legal Entity

Name: *WELL BL OPCO LLC*
 Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*
 Phone: *4847346200* Email: *BBACON@BRANDYCARE.COM*

Certificate(s) of Occupancy

Type: *I-1* Date: *12/14/2007* Issued By: *Kennett Square*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/06/2020*

Inspection Dates and Department Representative

07/21/2020 - Off-Site: Jennie Heinberg
10/28/2020 - On-Site: Jennie Heinberg, Susan Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *unknown* Capacity: *23* Residents Served: *19*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *33*

Inspections / Reviews

07/21/2020 - Partial

Lead Inspector: *Jennie Heinberg*Follow-Up Type: *POC Submission*Follow-Up Date: *11/18/2020*

12/7/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *12/14/2020*

12/23/2020 - Document Submission

Lead Reviewer: *Shawn Parker*

Follow-Up Type:

Follow-Up Date:

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff member A persuaded Resident #1 into a sexual relationship.

On 7/9/2020 at approximately 12:30pm, Staff member B entered the bedroom of Resident #1 and witnessed Staff member A, who is activity staff, lying on the residents bed with his pants down masturbating to pornography on his cell phone. Staff member A reported the incident to Staff member C, the homes Executive Director. Staff member A and Staff member B both gave statements Staff member C on what occurred. During a conference call Staff member A admitted to Staff member C, sexual activity had taken place between he and the resident "a couple of times". On 7/09/2020, Resident #1 told Staff member C that she was in an ongoing sexual relationship with Staff member A since some time last year (2019), and she asked him to stop "about two months ago" but he would not take no for an answer. Resident #1 expressed to Staff member C that Staff member A would return later to engage in sexual intercourse with her. The resident stated that the sexual activity had gone on for about a year. Resident #1 told representatives of the Department that on approximately 05-01-2020 she notified Staff member A to no longer engage in sexual activity with her. Resident #1 stated that besides the sexual intercourse, Staff member A would enter her room periodically and masturbate to pornography on his cell phone. The police were notified and Staff Member A was subsequently fired.

42b - Abuse (continued)

Plan of Correction**Accept**

While this incident involves a Personal Care resident independent of all ADL's and a longtime employee with no previous observed or reported inappropriate incidents, a consensual sexual relationship between a staff member and a resident is not permitted under any circumstance.

Staff Member A was immediately terminated and applicable reporting agencies were promptly notified.

Brandywine Living has a zero tolerance policy for any type of violation of Resident Rights. Staff Members are trained and oriented to facility policies and state regulations in regards to Resident Rights and Resident Abuse upon hire. Each staff member signs a pledge not only as a condition of employment, but to also acknowledge their understanding that any type of inappropriate relationship between staff and residents is both morally and ethically wrong.

Mandatory in-services were conducted for all staff to review (a) Resident Rights, (b) Company T.R.U.S.T. Pledge, which is our company zero tolerance policy statement, and (c) Proper Reporting Procedures. These in-services were conducted immediately following the incident and addressed the full spectrum of resident rights and related reporting obligations. (See Attachment A)

Additional training on the specific topic of sexual misconduct was facilitated between November 16 and November 18, 2020, and will continue until all staff members have completed the training. This should conclude by November 24, 2020. (See Attachment B)

Additionally, a renewed T.R.U.S.T. Pledge was signed by all staff. (See Attachment C)

All new staff members will continue to have Resident Rights, Resident Abuse (including sexual abuse) and Reporting Requirements reviewed upon hire.

Resident Rights will continue to be reviewed upon admission and during monthly Resident Council meetings.

The Executive Director or Designee will continue to review the T.R.U.S.T. Pledge, Resident Rights, Resident Abuse, including Sexual Misconduct upon hire and monthly with staff during the monthly communication meetings.

Completion Date: Licensee's Proposed Date for POC Implementation 12/14/2020

Document Submission**SP 12/28/20 Not Implemented**

Attached please find Attachment A- Staff in-services reviewing Resident Abuse and Resident Rights conducted on 8/5/20 and 10/6/20.

Attached please find Attachment B- Sexual Abuse and Act 13 reviewed with staff on 11/17/20, 11/18/20, 11/19/20, 11/25, 12/2, 12/10 and 12/14/20.

Attached please find Attachment C- Signed T.R.U.S.T. Pledges