

Department of Human Services
Bureau of Human Service Licensing

June 15, 2021

██████████ CEO
WELL BL OPCO LLC
525 FELLOWSHIP ROAD, SUITE 360
ATTN BRENDA BACON
MOUNT LAUREL, NJ 8054

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2021, 05/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BRANDYWINE LIVING AT UPPER PROVIDENCE **Licen e #:** 14431 **Licen e Expiration Date:** 06/13/2021
Addr e : 1133 BLACK ROCK ROAD, PHOENIXVILLE, PA 19460
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6109333250 **Email:** [REDACTED]

Legal Entity

Name: WELL BL OPCO LLC
Address: 525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054
Phone: 6109333250 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 95 **Waking Staff:** 71

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/21/2021

Inspection Dates and Department Representative

05/20/2021 - On-Site: [REDACTED]
05/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 132 **Residents Served:** 70

Secured Dementia Care Unit

In Home: Yes **Area:** Reflections **Capacity:** 26 **Residents Served:** 23

Hospice

Current Re ident : 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 70
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 25 **Have Physical Disability:** 1

Inspections / Reviews

05/20/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/14/2021*

6/14/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/18/2021*

6/15/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Shared Glucometers. The Medication administration record for resident #4 had a reading of 146 on 5/21/21 at 6:23am. This reading is not on resident 4's glucometer. Resident #1's Glucometer showed the reading of 146 on 5/21/21 at 5:54am.

Shared Glucometers. The Medication administration record for resident #3 had a reading of 162 on 5/16/21 at 8:21am. This reading was not on resident #3's glucometer. Resident #5's Glucometer showed the reading of 162 on 5/16/21 at 8:47am.

Plan of Correction

Accept

It was confirmed that each resident has their own glucometer and that they were labeled clearly. All Nurses have been trained on this regulation of not sharing glucometers. The Wellness Director will monitor continued compliance. The Wellness Director has also instructed all nurses to educate oncoming agency nurses to this regulation. See attached training.

Completion Date: 06/04/2021

Document Submission

Implemented

Accept

103g Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/20/21 at 10:50am there was an uncovered coffee ice cream container in the ice cream freezer.

Plan of Correction

Accept

The ice cream containers were covered immediately. All dining personnel, especially servers, were given an in service regarding keeping the ice cream containers covered at all times. The Food Service Supervisor and the Dining Room Supervisor will monitor compliance beginning immediately. See attached training.

Completion Date 05/25/2021

Document Submission

Implemented

Accept

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)**Description of Repeat Violation**

On 5/20/21 at 11:00am there was a container of donuts on the main kitchen counter dated use by 5/6/21

On 5/20/21 at 11:00am there was an undated opened bag of bagels in the main kitchen.

On 5/20/21 at 11:00am there was an undated opened bag of fries and breaded chicken in the main kitchen freezer.

On 5/20/21 at 11:00am there was an undated opened bag Barilla pasta in dry food storage.

Plan of Correction**Accept**

All items in the kitchen have been labeled and dated appropriately. All dining staff has been in serviced on the importance of dating all items upon arrival, upon opening, and to adhere to manufacturers expiration date. The Food Service Supervisor and the chef's will monitor compliance with this regulation. See attached training.

Completion Date: 06/04/2021

Document Submission**Implemented**

Accept

131f - Fire Extinguisher Inspection**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 2015 Ford Bus has not been inspected by a fire safety expert since 4/2019

Plan of Correction**Accept**

The fire extinguisher on the bus was inspected and approved on May 21,2021. In the future the Maintenance Director will make sure that the annual inspection, by the fire safety expert, includes all fire extinguishers. The Maintenance Director will monitor all tags are in compliance once a month. Attached please find the tag that reflects the fire extinguisher is approved.

Completion Date: 05/21/2021

Document Submission**Implemented**

Accept

183d - Prescription Current**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/21/21, Resident #4 had Acetaminophen (Tylenol) 500MG caplets on cart however it is not on the Medication administration record (MAR)

On 5/21/21, Resident #4 has Diclofenac Sodium Topical Gel 1% apply topical route 4 times every day as needed on the cart however it is not on the MAR.

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

The Tylenol order is now reflected on the MAR. The Diclofenac Sodium gel now has an order on the MAR. A nurses training was done to review this regulation. The overnight nurse will do cart audits on the first and the 15th of each month to assure compliance. All nurses will monitor compliance during the their med pass and correct as needed. The Wellness Director will monitor ongoing compliance.

Completion Date 05/21/2021

Document Submission**Implemented**

Accept

184a - Labeling OTC/CAM

1. 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

Resident #1 s MAPAP 500MG Tablet label reads take 2 tablets every 8 hours as needed while the Medication administration record (MAR) reads every 6 hours as needed

Resident #4 s MAPAP 500MG Tablet label reads take 2 tablets every 6 hours as needed while the MAR reads take 2 tablets(1000mg) up to 3 times a day as needed.

Plan of Correction**Accept**

The order for the MAPAP for resident #1 has been fixed to reflect the prescribers orders on both the MAR and the medication label. The MAPAP for resident #4 has been fixed to reflect the prescribers orders on both the MAR and the medication label. The nurses have been trained on this regulation. The overnight nurse will perform audits to monitor compliance, the nurses will monitor during their med pass. The Wellness Director will monitor future compliance.

Completion Date: 05/21/2021

Document Submission**Implemented**

Accept

185a - Implement Storage Procedures

1. 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.

185a - Implement Storage Procedures (continued)**Description of Repeat Violation**

Resident #4 is prescribed Melatonin 3MG Tablet Take 1 tablet by mouth at bedtime when needed for insomnia however it is not available in the home.

Resident #4 is prescribed Ketoconazole 2% apply to skin as needed for dry skin and keep in room, however it was not available in the room or med cart.

The Glucometer reading for resident #4 on 5/15/21 at 5:54am was 148 but was documented in the Medication Administration Record as 146.

The Glucometer reading for resident #4 on 5/4/21 at 5:01pm was 183 but was documented in the Medication Administration Record as 192

The Medication administration record for resident #4 had a blood sugar reading of 186 on 5/15/21 at 5:23pm however this reading is not on █ glucometer.

The Glucometer reading for resident #3 on 5/8/21 at 5:06pm was 267 but was documented in the Medication Administration Record as 236.

The Glucometer reading for resident #3 on 5/10/21 at 11:49am was 299 but was documented in the Medication Administration Record as 277.

Resident #3 is prescribed Novolog flexpen Inject Sub-Q before meals and at bedtime as per sliding scale: If blood glucose level is >350 inject 8 units. On 5/8/21 at 8:21pm the blood glucose level was 379, the Medication administration record indicates 379 units were given.

The following readings for #3 were recorded on the medication administration record but were not in █ Glucometer:

5/13/21 8:17am -189

5/16/21 8:21am -162

5/16/21 12:13pm - 236

5/16/21 4:43pm - 209

5/16/21 9:14pm - 189

Plan of Correction**Accept**

Nurses were in serviced on this regulatory requirement. See attached agenda. This training included transcription errors, med availability, all orders having meds on cart and all meds on cart having orders, using the resident specific glucometers. We reviewed the 5 Rights of giving medication and the need to be accurate at all times. The Wellness Director will monitor ongoing compliance through training and audits.

Completion Date: 06/04/2021

Document Submission**Implemented**

Accept

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #1 is prescribed Humalog Kwikpen 100U/ML Inject Sub-Q with meals before breakfast and dinner as Per Sliding Scale: If blood glucose level is 121-200 administer 3 units. On 5/15/21 at 4:47pm, their blood glucose level was 123 but no insulin units were given.

Resident #3 is prescribed Novolog flexpen Inject Sub-Q before meals and at bedtime as per sliding scale: If blood glucose level is 251-300 inject 4 units. On 5/18/21 at 4:28pm the blood glucose level was 253 however the resident was given 2 units.

Plan of Correction**Accept**

██████████ the designee of Resident #1 and Resident #3 and Resident #1 and Resident #3 were made aware on May 21. Resident #1 was aware because ██████████ had refused the insulin. All nurses have been trained on this regulation and we reviewed that if a med is refused it needs to be documented and the above parties are to be made aware, also that prescribers orders must be followed or else report to the above parties immediately. The Wellness Director alerted the appropriate parties and ██████████ will monitor on going compliance. See attached training.

Completion Date: 06/04/2021

Document Submission**Implemented**

Accept

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated ██████████, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept**

The pre admission screening form for Resident #2 has been updated to reflect that this resident's needs can be met in the home. See attached document. We have serviced all the nurses, including the WD and the AWD on this regulation.

The Wellness Director and the Assistant Wellness Director will monitor compliance that we have checked this box on every move in. The Executive Director will audit this for regulatory compliance.

Completion Date: 05/21/2021

Document Submission**Implemented**

Accept