

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

July 19, 2024

[REDACTED], REGIONAL DIRECTOR
WELL BL OPCO LLC

RE: BRANDYWINE LIVING AT
HAVERFORD ESTATES
731 OLD BUCK LANE
HAVERFORD, PA, 19041
LICENSE/COC#: 14433

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/18/2024 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 HAVERFORD ESTATES* License #: *14433* License Expiration: *05/09/2025*
 Address: *731 OLD BUCK LANE, HAVERFORD, PA 19041*
 County: *DELAWARE* 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: *C-2 LP* Date: *04/05/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/18/2024*

Inspection Dates and Department Representative

06/18/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *118* Residents Served: *62*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *28* Residents Served: *23*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *40* Have Physical Disability: *1*

Inspections / Reviews

06/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2024*

07/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/19/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2024*

Inspections / Reviews *(continued)*

07/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

07/19/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 12/4/2023, at 8:00 pm, Resident 1 did not receive Atorvastatin 10 mg at 8:00 pm. The home did not report this incident to the Department.

On 12/4/2023, at 8:00 pm, Resident 1 did not receive Quetiapine Fumarate 75 mg at 8:00 pm. The home did not report this incident to the Department.

On 12/5/2023, at 8:00 pm, Resident 1 did not receive Quetiapine Fumarate 75 mg at 8:00 pm. The home did not report this incident to the Department.

On 12/6/2023, at 8:00 pm, Resident 1 did not receive Quetiapine Fumarate 75 mg at 8:00 pm. The home did not report this incident to the Department.

Plan of Correction

Accept (█) - 07/15/2024)

Executive Director trained the nursing staff on 7/9/24 on the proper reporting structure, including timeliness and appropriateness of reporting medication errors. The community will adhere to the reporting requirements stipulated in 16c and will continue to report incidents accordingly. All reportable incidents will be reviewed at the time of creation by the Wellness Director or the Executive Director or designee. Plan of correction will be reviewed during the monthly quality improvement meeting. See attachment

Proposed Overall Completion Date: 07/11/2024

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 07/19/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

Resident 1's family discovered a handwritten task log for Reflections Memory Care residents in resident 1's belongings. The information on the task log included multiple residents' names and information concerning their medical care to include blood pressures, weights, medications, refusal of medications, an expired resident and information that a resident was out at the hospital.

17 - Record Confidentiality (continued)

Plan of Correction

Accept (█) - 07/17/2024)

On 6/4/2024 Care Managers and wellness nurses in reflections community educated on PCH regulation 17, pertaining to resident confidentiality and Brandywine's Confidentiality of information policy relating to personally identifiable information. Care managers in reflections and wellness nurses were retrained on the designated community areas to dispose of confidential documents or documents containing any identifiable resident information. Executive Director identified these areas as the shredder bins located in the administrative office and the nurses office. All current staff including reflections staff and wellness nurses have been trained by 7/1/2024 by the Executive director. On going compliance will be monitored by Wellness director or designee. Plan of correction will be reviewed during the monthly quality improvement meeting. See attachment

Proposed Overall Completion Date: 07/11/2024

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 07/19/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed Atorvastatin 10 mg at 8:00 pm. However, this medication was not administered to resident 1 on 12/4/2023 at 8:00 pm because the medication was not available in the home.

Resident 1 is prescribed Quetiapine Fumarate 75 mg at 8:00 pm. However, this medication was not administered to resident 1 on 12/4/2023 at 8:00 pm because the medication was not available in the home.

Resident 1 is prescribed Quetiapine Fumarate 75 mg at 8:00 pm. However, resident 1 was only administered 25 mg on 12/5/2023 and 12/6/2023 at 8:00 pm.

Plan of Correction

Accept (█) - 07/19/2024)

Executive Director trained Wellness nurses on regulation 187.d and the Brandywine medication administration policy on 7/9/2024. Prescriber's orders must be followed and if a med is unavailable, it needs to be documented and the Wellness Director or designee, and Prescriber are to be made aware. The Wellness Director or designee will be responsible for ongoing compliance. Plan of correction will be reviewed during monthly quality improvement meeting. See Attachment

7/18/2024 Executive Director trained Wellness nurses on Medication administration policy outlining the policy on ordering medication. The Wellness Director or designee will be responsible for ongoing compliance. Plan of correction will be reviewed during monthly quality improvement meeting. Please see section Q of attachment.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented (█) - 07/19/2024)

188b - Medication Error Reporting

4. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 1 is prescribed Atorvastatin 10 mg at 8:00 pm. However, resident 1 was not administered the medication on 12/4/2023 at 8:00 pm. The medication error was not reported to the prescriber.

Resident 1 is prescribed Quetiapine Fumarate 75 mg at 8:00 pm. However, resident 1 was not administered the medication on 12/4/2023 at 8:00 pm. The medication error was not reported to the prescriber.

Resident 1 is prescribed Quetiapine Fumarate 75 mg at 8:00 pm. However, resident 1 was only administered 25 mg of this medication on 12/5/2023, and 12/6/2023 at 8:00 pm. The medication error was not reported to the prescriber.

Plan of Correction

Accept (█) - 07/17/2024)

On 7/9/24, Executive Director trained Wellness nurses on regulation 188 b that medication errors shall be immediately reported to the resident, the residents designated person and the prescriber. The Wellness Director or designee will be responsible for ongoing compliance. Plan of correction will be reviewed at the monthly quality improvement meeting. See Attachment

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 07/19/2024)

251e - Records Availability

5. Requirements

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

Description of Violation

Resident 1's designated person requested access to the resident's record on multiple occasions and in writing on 2/19/24. The home failed to provide the documents requested timely to the resident's designated person. The resident's records were not made available until May 8, 2024.

Plan of Correction

Accept (█) - 07/17/2024)

Resident records shall be made available to the resident and the residents designated person. On 6/24/2024 Executive director and wellness director were educated by regional director of clinical services on the policy of releasing medical records and regulation 251e. On 6/5/2024 Executive director trained concierge staff on the process of requesting resident records as well as regulation 251e and educated staff on contacting the Executive director or designee of any requests made in a timely manor. All requests for medical records will be satisfied by the Executive director or designee during normal business hours. All current staff have received the training on 7/1/2024. Plan of correction will be reviewed during the monthly quality improvement meeting. See attachment

Licensee's Proposed Overall Completion Date: 07/11/2024

251e - Records Availability (*continued*)

Implemented ([REDACTED] - 07/19/2024)