

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE SENIOR LIVING COMMUNITIES, INC

To operate WYNWOOD OF NORTHAMPTON MANOR

Located at 65 RICHBORO-NEWTOWN ROAD, RICHBORO, PA 18954

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from May 12, 2010 until May 12, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127140

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 08 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. John P. Rijos, Co-President
Brookdale Senior Living Communities, Inc.
Wynwood of Northampton Manor
65 Richboro-Newton Road
Richboro, Pennsylvania 18954

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on February 17, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wynwood of Northampton Manor, 65 Newtown-Richboro Road, Richboro, Pennsylvania 18954		CURRENT LICENSE NUMBER 127140	
INSPECTION DATE(S) (Include all dates of the inspection) February 17, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Jamie Erb	
SIGNATURE OF LEGAL ENTITY <i>Kim Cahill</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code §.2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.	The preadmission screening on file for resident #'s 1 and 2, dated 1/8/10 and 6/9/09 respectively, were incomplete as the areas of other special care needs and behavioral needs were not addressed.	Corrected At Time of Discovery 3-11-10 Ongoing	PreAdmission screens on new residents will be completed in their entirety and checked by the Executive Director, Heath and Wellness Director or designee prior to being filed in the chart. This was corrected at the time of discovery.	4/30/10 <i>CB</i>
224a 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.				

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SIGNATURE OF LEGAL ENTITY <i>Kim Calletta</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Romberg</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION {Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur}	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	<p>A support plan was not developed within 30 days of admission to the home's secured unit for resident # 3 who was admitted to the unit on 6/12/09. The resident's initial support plan was dated 6/12/09. The next support plan developed by the home was dated 9/12/09.</p>	<p>3/15/10</p>	<p>Training had previously been conducted with a new Health and Wellness Director on 6/12/09. Appropriate staff are aware of this regulation and an audit of support plans has been conducted such that they are completed within 30 days. A tracking system has been developed for adherence to this regulation and it will be monitored through routine chart audits and site visits from the Regional Director of Health Service and Quality as well as Three biannual visits from an independent consultant with the next visit scheduled 4.30.10.</p> <p>The Executive Director, Health and Wellness Director or a designee will monitor this process.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/30/10</i> <i>CS</i> Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Kim Cahill (p)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Bomber</i>	DATE 4/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	*The phone number listed throughout the home for the personal care home complaint hotline was listed incorrectly. The number posted was 1-877-400-5296. The correct number is 1-800-254-5164. *The required list of phone numbers was not posted by the phone located in room # 240.	2/18/10	New tags were made up for phones to identify the correct number for the personal home complaint line. Tags were attached to all new phones. (see new tag). Phones will be monitored monthly by Maintenance Staff or a designee during monthly preventative maintenance checks wherein tags are on phones, including those in resident rooms.	4/30/10 <i>OB</i>

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SIGNATURE OF LEGAL ENTITY <i>Tom Cahill (K)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	*The home's Schoefield Unit was equipped with two first aid kits. One kit, plastic container, was stored in a desk drawer in the medication area and did not contain scissors, eye coverings and tweezers. *The second kit was a metal container that was fully equipped but secured to the wall above the desk. The kit was not transportable.	2/18/10	First Aid kits on each neighborhood were reattached to the wall using hooks so the kits are fully transportable in the event of an emergency (see attached photo). Kits that were stored in desk drawer were removed. Staff were made aware that first aid kits on wall are fully transportable to scene in event of emergency. First aide kits were checked to and are in compliance with the regulation. The Health and Wellness Director or a designee will monitor routinely that the kits have the required supplies.	4/30/10 <i>CB</i>

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SIGNATURE OF LEGAL ENTITY <i>Tom Cahill (on)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>	DATE 4/30/10

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1005 The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	The home's secured unit north exit door was labeled as "Emergency Exit Only". The outside of the exit door and the pathway to the courtyard gate which is equipped with a magnetic lock was covered with more than one foot of snow.	Corrected at time of discovery 2-7-10	Snow removal was performed immediately. During snow storms exits will be monitored by Maintenance staff or designee that snow and ice are removed from exit areas timely. Reminders were provided to appropriate staff and this will be monitored by the Executive Director, Maintenance Technician or a designee.	4/30/10 <i>OB</i>

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SIGNATURE OF LEGAL ENTITY <i>Don Cahell (PN)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following food products which were not labeled and dated and not in their original containers were stored in the home's kitchen walk-in freezer: * Clear plastic bag of Crab Cakes. * Sweet potatoes fries in aluminum foil wrap. * Five 5 pound bags of French Fries.	Corrected at time of discovery 2-17-10	This was corrected at time of discovery. Reminders to label and date food that is not in the original container was provided to appropriate staff. Ongoing, the Dining Service Manager or a Designee will check the walk-in refrigerator and freezer daily that food is stored and labeled appropriately.	4/30/10 <i>CB</i>

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SIGNATURE OF LEGAL ENTITY <i>Tom Cahill (P)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Employee "A" and "B" passed the medication administration course on 6/10/07 and 5/22/08 respectively. The employees' annual practicum for 2009 was observed by employee "C" and "D". The home did not have the required documentation that employee "C" and "D" were qualified as a practicum observer. Without being observed by a qualified practicum observer employee "A" and "B" are not current qualified to assist with medication administration. The medication administration records of the home indicate that employee "A" passed medications on the 3-11 shift on 2/13/10 and employee "B" passed medications on the 7 -3 shift on 2/2/10.	3/30/10	The Executive Director has completed the DPW certified medication train the trainer course on 2/23 and 2/24 and has completed the required practicum observer piece of training with the 2 associates referenced therein.. These associates did not assist with medication administration until the required practicum observations were complete. Moving forward, Executive Director or another Certified Medication Trainer will conduct the required training and observation as required. Training will be completed in accordance with DPW regulation.	Steps have been taken to correct violation; full compliance is not verifiable 4/30/10 Date Initials (DPW)

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<p>227g Individuals who participate in the development of the support plan shall sign and date the support plan.</p> <p>227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.</p>	<p>*The support plan on file for resident #'s 1 and 4, dated 1/12/10 and 12/11/09 respectively, were not signed by the resident nor was there any documentation of the residents' inability or refusal to sign the plan.</p> <p>*The support plan on file for resident # 5, dated 9/25/09, was not signed by any individual who participated in the development of the plan. In addition, there was no documentation of the resident's inability or refusal to sign the plan.</p>	3/17/10	<p>This regulation was reviewed with appropriate staff. If a resident is not able to sign the support plan and their designated representative are not available or able to provide the signature, this will be documented on the support plan. The Health and Director or a designee will monitor compliance through family care conferences and chart audits. The Regional Director of Clinical and Resident Services will review during routine visits and an independent consultant will continue to conduct three biannual visits.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/30/10</i> <i>CS</i> Date Initials (DPW)</p>

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234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	A support plan was not developed within 72 hours of admission or within 72 hours prior to admission of resident # 6 who was admitted to the home's secured unit on 12/31/09. The support plan on file was dated 1/30/10.	3/15/10	This regulation was reviewed with appropriate staff. Support plans on the Secured Dementia unit were audited for compliance and will be monitored by the Health and Wellness Director or a designee through routine chart audits and family care conferences. The Regional Director of Clinical and Resident Services will review during routine visits and an independent consultant will continue to conduct three biannual visits.	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>4/30/10 <i>CS</i> Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Sam Cahill (P)</i>	DATE 3/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE 4/30/10

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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	The record of resident # 6 did not include any information on identifying marks.	3/1/10	The record of resident #6, had no "identifying Marks" and the space was left blank. Ongoing, should a resident not have any "identifying marks," the space will read "none.". This will be monitored by Health and Wellness Director or designee.	4/30/10 <i>CB</i>