

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate CLARE BRIDGE OF DUBLIN

Located at 160 ELEPHANT ROAD, DUBLIN, PA 18917

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 26  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 9, 2010 until September 9, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127350

*Robert E. Robinson*

ISSUING OFFICER

*Kurt 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

SEP 14 2010

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

Ms. Daniella Pantal, Executive Director  
Brookdale Senior Living Communities, Inc.  
Clare Bridge of Dublin  
160 Elephant Road  
Dublin, Pennsylvania 18917

Dear Ms. Pantal:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Clare Bridge of Dublin, 160 Elephant Road, Dublin, Pennsylvania 18917		<b>CURRENT LICENSE NUMBER</b> 127350	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 10, 2010		<b>REGIONAL REPRESENTATIVE</b> Ryan Novak and Tom Shopay	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 8/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/19/10

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>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>The pre-admission screenings for Resident #1 admitted 12/3/09 and Resident #2 admitted 2/19/10 were not dated</li> <li>The pre-admission screenings for Residents #1 and #3 did not list special care needs.</li> <li>The pre-admission screening for Resident #1 did not include behavioral needs</li> <li>The pre-admission screening for Resident #2 admitted 2/19/10 was not checked that the needs of the individual could be met by services provided by the home.</li> </ul>	<p>7/30/10</p> <p>7/30/10</p>	<p>22a1 the pre screen for Resident #1, #2 and #3 have been reviewed by the Executive Director. The Executive Director has reviewed the need for accurate and complete pre admission screenings with the Health and Wellness Director and appropriate nursing staff. Pre admission screens have been audited for completeness. Missing areas will be updated on a current assessment. The Health and Wellness Director, Executive Director and or designee will review new pre admission screening at time of admission. Random audits will be completed by the Health and Wellness Director, Executive Director and or designee to verify compliance. Completion date, July 30, 2010.</p> <p>224a Resident #2's assessment has been updated to confirm we can meet the needs of the individual. Current residents' pre admission screen shall be audited for completeness. New pre admissions screens will be reviewed within 30 days prior to admission by the Health and Wellness Director, Executive Director to verify that the needs can be met. Random audits will be completed by the Health and Wellness Director, Executive Director and or designee to maintain compliance. Completion date: July 30, 2010.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/19/10 </p> <p>Date Initials (DPW)</p>

AUG 19 2010

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 10, 2010		<b>REGIONAL REPRESENTATIVE</b> Ryan Novak and Tom Shopay	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>[Signature]</i>	<b>DATE</b> 8/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 8/19/10

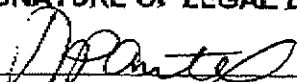
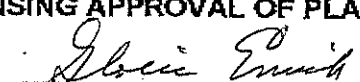
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a4 The following admission document 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 for Resident #1 admitted 12/3/09 was not updated within 30 days of admission.</p>	<p>7/30/10</p> <p>7/30/10</p>	<p>22a4, 227a Resident #1's support plan has been reviewed by the Executive Director. The Executive Director has reviewed with the Health and Wellness Director and nursing appropriate staff the DPW regulations in regards to the time frame of support plan completion. The Health and Wellness Director and or designee will maintain a tickler file on new admissions to maintain 30 day compliance with support plans. <u>New residents moving into the community shall have their support plans reviewed by the Executive Director and or designee for compliance. Completion date: July 30, 2010.</u></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/19/10 <i>[Signature]</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clare Bridge of Dublin, 160 Elephant Road, Dublin, Pennsylvania 18917		CURRENT LICENSE NUMBER 127350	
INSPECTION DATE(S) (Include all dates of the inspection) June 10, 2010		REGIONAL REPRESENTATIVE Ryan Novak and Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 8/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/19/10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> <li>The home's contract for Resident #2 dated 2/19/10 had not been signed by the administrator or designee of the home.</li> <li>The contract for Resident #3 dated 1/29/10 was not signed by the home's administrator or designee.</li> </ul>	7/2/10	25b the violation for resident 2 and resident 3 was corrected immediately. The Executive Director and or designee will conduct a full audit of resident contracts for completeness to <u>maintain</u> compliance. The Executive Director and or designee will conduct random audits for compliance. Completion Date: July 2, 2010	8/19/10 BE

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 10, 2010		<b>REGIONAL REPRESENTATIVE</b> Ryan Novak and Tom Shopay	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 8/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/19/10

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 home's kitchen contained the following opened food items that were not labeled or dated: <ul style="list-style-type: none"> <li>• Nestle Morsels</li> <li>• Carrots</li> <li>• Cheese</li> <li>• Lunch meat</li> <li>• Assorted beans</li> </ul>	7/15/10	103e the food items were discarded during the inspection. An inspection of refrigerator and freezer areas was completed to verify that other food items were properly labeled and dated at time of survey. Appropriate staff has been retrained on leftover food being labeled and dated. Refrigerators and freezers are being monitored daily by the Dining Service Manager or a designee. Random checks will be completed by Executive Director and or designee to verify ongoing compliance. Completion Date: July 15, 2010.	8/19/10 <i>SE</i>

Aug 17, 2010 11:22am

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Clare Bridge of Dublin, 160 Elephant Road, Dublin, Pennsylvania 18917		<b>CURRENT LICENSE NUMBER</b> 127350	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 10, 2010		<b>REGIONAL REPRESENTATIVE</b> Ryan Novak and Tom Shopay	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>L. Pantak</i>	<b>DATE</b> 8/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>John Smith</i>	<b>DATE</b> 8/19/10

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
103g Food shall be stored in closed or sealed containers.	Vegetable soup contained in a water pitcher had not been sealed.	6/10/10	103g the pitcher of vegetable soup was discarded during the inspection. An inspection of refrigerator and freezer areas was completed to verify that other food items were properly sealed. Appropriate staff has been retrained on food being stored in closed or sealed containers. Refrigerators and freezers are being monitored daily by the Dining Service Manager and or designee. Random checks will be completed by Executive Director and or designee for ongoing compliance.	8/19/10 SE

NO. 4307

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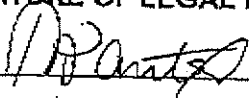
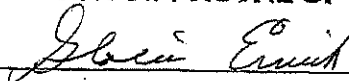
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>D. Parity</i>	<b>DATE</b> 8/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Gloria Emery</i>	<b>DATE</b> 8/19/10

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection conducted at the facility within the past 12 months. The last fire safety inspection was conducted on 4/22/09.	7/30/10	132b a fire safety inspection of the home was conducted on June 18, 2010. The Executive Director has reviewed with the Maintenance Technician the yearly fire safety inspection requirement. Requirements for safety inspections will be reviewed monthly during our Collaborative Care Review Meetings. The Executive Director will conduct random audits of inspection records to verify compliance. Completion Date: July 30, 2010.	8/19/10 BE

AUG. 19. 2010 11:55AM

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

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	An over the counter medication, SENNA, prescribed for Resident #5 was not labeled with the resident's name.	7/30/10	184b The OTC was labeled with resident's name at the time of inspection for resident #5. Appropriate medication administration staff has been retrained on the proper labeling of OTC medications. The Executive Director, Health and Wellness Director and or designee will perform routine audits of the medication cart to verify compliance. Completion Date: July 30, 2010.	8/19/10 DE

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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.	<ul style="list-style-type: none"> <li>Direct care employee #1 completed the medication administration course on 7/20/07. There was no record of an initial annual practicum or annual recertification to date.</li> <li>Direct care employee #2 completed the medication administration course on 2/27/08. There was no record of an initial annual practicum to date.</li> </ul>	7/30/10  ongoing	190a, 190b Employee #1 and #2 have completed the retraining of the DPW medication practicum on June 14, 2010. Medication aides annual and recertification records have been reviewed for compliance. A tickler file will be maintained by the Health and Wellness Director and or designee to maintain annual practicums, recertification dates and diabetes patient education programs. The Executive Director and or designee will perform routine audits for compliance. Completion Date: July 30, 2010.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 Date Initials (DPW)

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190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Direct care employees #1 and #2 assisted Resident #6 with insulin during May and June of 2010. The employees completed an approved diabetic course but have not completed the annual practicum required in the medication training course in order to continue to administer insulin.	7/30/10 <i>ongoing</i>	190a, 190b Employee #1 and #2 have completed the retraining of the DPW medication practicum on June 14, 2010. Medication aides annual and recertification records have been reviewed for compliance. A tickler file will be maintained by the Health and Wellness Director and or designee to maintain annual practicums, recertification dates and diabetes patient education programs. The Executive Director and or designee will perform routine audits for compliance. Completion Date: July 30, 2010.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 <i>BE</i> Date Initials (DPW)

NO. 4707 1. IV

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