



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: March 18, 2011

Ms. Kim Cahill, Administrator
Brookdale Senior Living Communities, Inc
65 Richboro-Newton Road
Richboro, Pennsylvania 18954

RE: Wynwood of Northampton Manor

Dear Ms. Cahill:

As a result of the Department of Public Welfare's licensing inspection on January 19, 2011 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.

Sincerely,

A handwritten signature in cursive script that reads "Chevon Mitchell".

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME WYNWOOD OF NORTHAMPTON MANOR, 65 RICHBORO NEWTOWN ROAD RICHBORO, PA 18954		CURRENT LICENSE NUMBER 127140	
INSPECTION DATES (Include all dates of the inspection) 01/19/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
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 <i>Jim Cabell</i>	DATE 2/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/16/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 01/15/11, an allegation of abuse against resident #1 was reported against staff person A. The home contacted the local area agency on aging on 1/16/11 via telephone. The home did not submit a written report to the agency within 48 hours.	Immediately	The written report regarding Resident #1 was sent to local area on aging on 1/19/11, upon completion of investigation. Any future allegations of suspected abuse will be reported immediately in accordance with the OAPSA and written report will bent sent within 48 hours. The Executive Director or Designee will be responsible for reporting verbally and completing the written reports. Staff was reinserviced on 2/4/11 on these reporting requirements and the Executive Director will monitor for ongoing compliance.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>J Cabell</i></p> <p>Date: _____ Initials (DPW)</p> </div>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 01/19/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
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 <i>Tim Cahill (P)</i>	DATE 2/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 01/15/11, an allegation of abuse was made against staff person A regarding resident #1. The home implemented a plan of supervision and suspended staff person A on 01/15/11. The home allowed staff member A to return to work on 01/18/11 before the Department completed their investigation.	Immediately	Suspended staff person was allowed to return to work on 1/18/11, after completion of investigation and allegation found unsubstantiated by the home. Upon the instruction of the Department of Public Welfare after their visit on 1/19/11, associate was contacted and instructed not to report to work until Department investigation completed. Call from Department on 1/24/11, stating allegation was unsubstantiated and associate may return to work. Any future allegations of abuse will be investigated and suspended associates will not return to work until The Department of Public Welfare has completed their investigation and states that associate may return to work. The Executive Director or Designee will be responsible for monitoring that suspended staff will not be allowed to return to work after an allegation of abuse until staff has been cleared by Department. Staff has been reinserviced on regulatory requirements of suspended associates, due to allegations of abuse. The Executive Director will monitor for ongoing compliance.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">3/16/11 <i>Cheron Mitchell</i> Date Initials (DPW)</p>