

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

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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 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 November 7, 2011 until November 7, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127350

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

NOV 09 2011

Mr. John P. Rijos, Co-President  
Brookdale Senior Living Communities, Inc.  
Clare Bridge of Dublin  
160 Elephant Road  
Dublin, Pennsylvania 18917

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on August 16, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

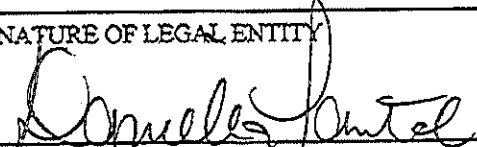

Enclosures  
License  
Violation Report

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, PA 18917		CURRENT LICENSE NUMBER 127350	
INSPECTION DATES (Include all dates of the inspection) 08/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Andrea Kurtz	
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>Daniella Pantet</i>	DATE 10/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written policy on reportable incidents does not address prevention of reportable incidents.	10/13/11	16b The homes written policy on reportable incidents was revised, effective April 15, 2011 (See attached) to include Prevention of Reportable Incidents. A current copy of the policy has been placed in the policy in the binder. The updated policy was reviewed with appropriate staff. Completion Date: <u>10/13/11</u> The Executive Director or a designee will verify completion of the training and oversee implementation of the policy.	11/2/11 <i>OCM</i>

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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	On 8/16/11, at approximately 1:30 pm, Hospice agency binders with resident information such as diagnoses, treatment plans, and medications and a record for resident #1's hospice care needs were unlocked and accessible in the cabinets across from resident room #7.	10/14/11	17. The Hospice providers' cabinet was locked immediately at the time of inspection. The key for the cabinet is available to the Hospice providers' on request. Appropriate Brookdale associates as well as Hospice staff received company specific training on our resident's right to privacy. Completion Date: <u>10/14/11</u> . Resident Rights training will be completed for all new associates and Third Party Providers as needed and annually thereafter. The Health and Wellness director, Executive Director and or a designee will check the cabinet during routine building rounds, and will make random audits of personnel files to verify ongoing compliance with resident rights.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">Stops have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">11/2/11 Date</p> <p style="text-align: center;">[Signature] Initials (DPW)</p> </div>

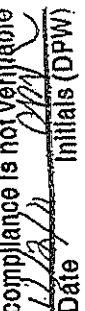
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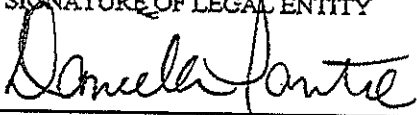
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designated person, or if a court orders disclosure.				

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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> <p>(3) Resident rights (under these</p>	<p>Ancillary staff person A did not receive training in Fire Safety, Emergency Preparedness, and Falls and Accident Prevention during training year 2010.</p>	<p>10/13/11</p>	<p>65g. Staff member 'A' has been notified of the need for additional training and will not be scheduled to work until this training is completed. An audit has been completed of the training record for associates to determine if there are any outstanding training needs. Completion Date: <u>10/12/11</u>. Any staff requiring additional training will receive this training prior to returning to work as required by the regulation. This regulation will be reviewed with appropriate staff for ongoing training compliance. Completion Date: <u>10/13/11</u> The Executive Director, Business Office Coordinator, and or a designee will monitor personnel files and training records on a monthly and as needed basis to verify</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>


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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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102k Use of a common towel is prohibited.	Two residents with cognitive impairments share a bathroom in resident room #23. There are two towel bars that are not labeled with the residents' names.	10/13/11	102k The towel bars were immediately labeled at the time of the inspection. Other shared rooms were inspected to verify that the towel bars were labeled and corrected as needed. The regulation was reviewed with appropriate staff and direction provided to the staff that the towel bars are to be relabeled as needed. Completion date: <u>10/13/11</u> The Executive Director, Maintenance Technician, and or a designee will verify ongoing compliance during routine building rounds.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable    Date: 11/2/11  Initials (DPW) </div>

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SIGNATURE OF LEGAL ENTITY <i>Samela Jantel</i>	DATE 10/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherison Miller</i>	DATE 11/12/11

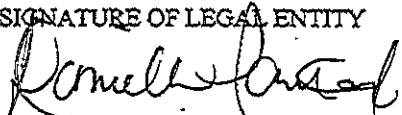
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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 8/16/11, there was an accumulation of lint in the lint trap of the dryer in the laundry room of the "pink" hallway.	10/7/11	105g1. The lint trap was cleaned immediately. The regulation was reviewed with staff at an all staff meeting 10/7/11. Directions for lint trap care are posted at each dryer. The lint trap will be monitored daily and at each drying cycle by the Executive Director, Maintenance Technician, Resident Care Coordinator, and or a designee. The Executive Director or a designee will complete random checks of the dryers to verify ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable 11/12/11 Date <i>[Signature]</i> Initials (DPW)

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's designated evacuation time was 5 minutes from the period of 9/15/10 to the 6/7/11. The home's designated evacuation time is 6 minutes and 50 seconds from the period of 6/7/11 to present. The home's fire drill evacuation times are:	10/13/11	132D This regulation was reviewed with appropriate staff including the homes specific evacuation time of 6 minutes and 50 seconds. Completion Date: <u>10/13/11</u> in the event that a monthly fire drill is not completed within the set evacuation time, another fire drill will be conducted within the month. The fire drill schedule will be reviewed by the Executive Director and the Maintenance Technician and updated as needed. Completion Date: <u>10/13/11</u> The Executive Director, Maintenance Technician or a designee will review the fire drill and evacuation time at the time of the fire drill and at monthly safety committee meetings to verify compliance.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: <u>11/2/11</u> Initials (DPW) <u>JKM</u></p>

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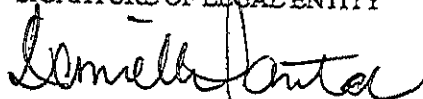
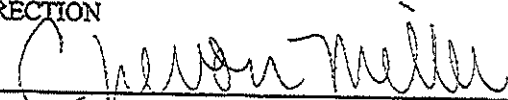
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Mont</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Evac. Time</th> <th style="width: 10%;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/30/2011</td><td>02:15 PM</td><td>4 min 42 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>05:00 PM</td><td>2 min 49 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>05:46 AM</td><td>5 min 49 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/26/2011</td><td>11:35 AM</td><td>2 min 48 sec</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>04:05 PM</td><td>3 min 30 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2011</td><td>05:35 AM</td><td>9 min 50 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>11:00 AM</td><td>4 min 5 sec</td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2010</td><td>04:20 PM</td><td>2 min 10 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/31/2010</td><td>06:30 AM</td><td>5 min</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/30/2011	02:15 PM	4 min 42 sec	No	Feb	02/28/2011	05:00 PM	2 min 49 sec	No	Mar	03/31/2011	05:46 AM	5 min 49 sec	No	Apr	04/26/2011	11:35 AM	2 min 48 sec	No	May	05/31/2011	04:05 PM	3 min 30 sec	No	Jun	06/29/2011	05:35 AM	9 min 50 sec	No	Jul	07/29/2011	11:00 AM	4 min 5 sec	No	Aug				No	Sep				No	Oct				No	Nov	11/30/2010	04:20 PM	2 min 10 sec	No	Dec	12/31/2010	06:30 AM	5 min	No			
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185a 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.	Resident #2 has an order for Milk of Magnesia and Dulcolax suppository as needed (PRN). These medications were not available in the home for the resident to use if needed.	10/15/11	185a Medications for Resident #2 were ordered immediately. An audit was completed of the Medication Cart to verify that medications were available as ordered for all residents. Completion Date: <u>10/12/11</u> . The Nurses and Med Techs will be retrained on the proper method for reordering medications. This will be completed by 10/15/11. The Executive Director, Health and Wellness Director, and or a designee will conduct weekly audits of the Medication Cart to verify compliance.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Stops have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <u>11/2/11</u> Initials (DPW) <u>MM</u></p>

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On 7/14/11, resident #2 refused to take a scheduled dose of all 9 am medications. The home did not document the notification of the refusals to the physician in the resident's record.	10/12/11	187c Appropriate staff will be retrained on the proper method for documenting refusal of medications. This will be completed by 10/15/11. The Medication Administration Records were audited to verify that physicians were notified of any refused medications in accordance with the regulation. Completion Date: <u>10/12/11</u> . The Executive Director, Health and Wellness Director and or a designee will conduct weekly audits of the Medication Administration Record to verify compliance.	Steps have been taken to correct violation; full compliance is not verifiable  Date: <u>11/2/11</u> Initials (DPW)