

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate WYNWOOD OF NORTHAMPTON MANOR

NAME OF FACILITY OR AGENCY

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

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 120  
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 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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 16, 2012 until July 16, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127140

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

JUL 23 2012

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

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on June 11, 2012 and June 12, 2012 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 be 'R' followed by a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 12714 - 06/11/2012 - McHale, Christine  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2000

2000.17 - 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.

2. DESCRIPTION OF VIOLATION

On 06-08-12, Medication Administration Records were unlocked and accessible in the Nurses' Medication Station in the Van Sant neighborhood.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lock on cabinet was replaced at time of inspection. Remaining cabinet locks were inspected and found to be operational. Checking the function of the cabinet locks, was added to the currently utilized management rounds checklist (attached) and will be monitored by managers assigned, daily to verify ongoing compliance, beginning June 21, 2012.

The administrator will conduct training on the importance of confidentiality to direct care staff on 7/6/12. *(SM)*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill (u)* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill (u)*      Date *6/22/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/2/12* (Date)

Verification of Legal Entity Representative Signature *7/2/12* (Date)

The above plan of correction was approved by *(SM)* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12714 - 06/11/2012 - McHale, Christine  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 58 Pa.Code §2800

2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. DESCRIPTION OF VIOLATION

- The telephones on rooms 229, 242 and the Cabin Run Nurses' station do not have emergency numbers posted nearby.
- The telephone in Room 131 has a label for emergency service numbers, but they are faded and illegible.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The phone tags were replaced at the time of inspection. To maintain ongoing compliance, the Maintenance Director, or designee, will check phones during monthly preventative maintenance checks to verify tags are present and legible on phones, beginning with July 2012 checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Kim Cahill RN Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Cahill RN Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/2/12  
 (Date)

Verification of Legal Entity Representative Signature 7/2/12  
 (Date)

The above plan of correction was approved by   
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12714 - 06/11/2012 - McHale, Christine  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 56 Pa. Code §2600  
 2600, 132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2. DESCRIPTION OF VIOLATION  
 -The fire drill record for the drill conducted on 1-7-12 does not include the evacuation time.  
 -The fire drill records for the drills conducted on 1/7/12 and 5/22/12 do not include the exit routes used.  
 -A supervised fire drill conducted on 4-13-12 is not included in the fire drill records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire Drill records will be completed at the time of fire drill. Executive Director will review fire drill log, monthly to verify information is complete, beginning immediately.

The administrator will update the fire drill logs noted above to reflect the required elements of this regulation by 7/3/12.

The administrator met with the Maintenance Director on 6/21/12 to discuss the importance of including all required elements on the monthly fire drill records.

(SN)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill (SN) Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill (SN)* Date *6/22/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>7/2/12</i> (Date)	Verification of Legal Entity Representative Signature <i>7/2/12</i> (Date)
The above plan of correction was approved by <i>(SN)</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12714 - 06/11/2012 - McHale, Christine PCH Name: WYNWOOD OF NORTHAMPTON MANOR	
<b>1. REGULATION 66 Pa.Code §2600</b> 2600.187(e) - 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.	
<b>2. DESCRIPTION OF VIOLATION</b> -On 6-7-12, Resident #1 refused to take a scheduled dose of Miralax at 9PM. The home did not report the refusal to the resident's doctor as required. -On 6-15-12 and 6-16-12, Resident #2 refused to take all prescribed medications at 9AM and 1PM. The home did not report these refusals to the resident's doctor as required.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>Beginning July 1, 2012, Health and Wellness Director, or designee, will obtain a standing order on all residents that will state it is acceptable to report to physician after three refusals unless otherwise specified by physician.</p> <p>The administrator conducted a training on residents' refusal of medications and how to report the refusals to the residents' physician on 6/22/12.</p> <p>Resident #1 + #2's physicians were notified of the residents' refusals. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">SW</span></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kim Cahill for Executive Director</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Cahill for</i>	Date <i>6/22/12</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>7/2/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/2/12</u> (Date)
The above plan of correction was approved by <u><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">SW</span></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12714 - 06/11/2012 - McHale, Christine  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 66 Pa.Code §2800  
 2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION  
 Resident #3 has an order for Aspirin 81mg, chewable. Aspirin 81mg, safety coated, is being administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Physician order was corrected at the time of inspection. To maintain ongoing compliance, medication carts and medication records will be audited weekly by Medication Technician, and then reviewed by Health and Wellness Director, beginning immediately.

The administrator conducted training on the importance of administering the correct form of medication to the residents on 6/22/12.

Resident #3's medication 81 ASA -chewable was obtained for the resident as prescribed.


*SW*


Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2011
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kim Cahill</i> Executive Director
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Kim Cahill</i> Executive Director	Date	6/22/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>7/2/12</u> (Date)	Verification of Legal Entity Representative Signature	<u>7/2/12</u> (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 12714 - 05/11/2012 - McHale, Christine PCH Name: WYNWOOD OF NORTHAMPTON MANOR			
<b>1. REGULATION 56 Pa.Code §2600</b> 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.			
<b>2. DESCRIPTION OF VIOLATION</b> The directions for operating the home's locking mechanism are not conspicuously posted near the two courtyard gates.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>			
<p>The code was re-posted at the time of inspection. Checking the posting of the codes was added to the daily management checklist ( attached), to maintain ongoing compliance , beginning June 22, 2012</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2011	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kim Cahill (w)</i> Executive Director			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Cahill w</i>		Date <i>6/22/12</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>7/2/12</u> (Date)		Verification of Legal Entity Representative Signature <u>7/2/12</u> (Date)	
The above plan of correction was approved by  (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	