

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 CLARE BRIDGE OF DUBLIN

NAME OF FACILITY OR AGENCY

Located at 160 ELEPHANT ROAD, DUBLIN, PA 18917

(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 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 8, 2012 until November 8, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 06 2012

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 July 30, 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 Human Services Licensing so that compliance can be verified.

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

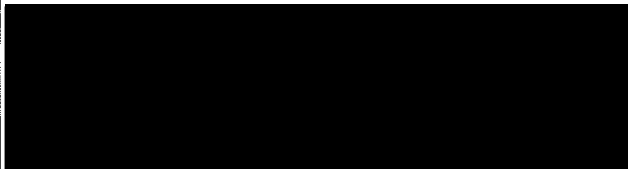
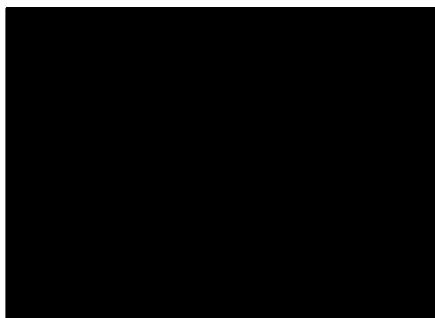
Sincerely,

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**

PCH Name: CLARE BRIDGE OF DUBLIN		License Number: 127350
Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		County: Bucks
Administrator: Daniella Parlat		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		
Certificate(s) of Occupancy C-2 LP 08/20/1998 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/30/2012: OPake, Hope; Kurtz, Andrea		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 25 Secured Dementia Care Unit In Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 26 	Number of Residents who: 	

Violation Report: 12735 - 07/30/2012 - O'Pake, Hope
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired 4-13-09, does not have a high school diploma.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Daniella Pantaz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Daniella Pantaz Executive Director* Date *8/21/12*

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

The above plan of correction is approved as of <u>8/22/12</u> (Date) The above plan of correction was approved by <u>CPM</u> (Initials)	Plan of correction implementation status as of <u>8/22/12</u> (Date) <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
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Violation Report: 12735 - 07/30/2012 - O'Pake, Hope
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 56 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 7-15-12, from 7am to 3pm and 3pm to 11pm, the home did not have at least one person on duty trained in First Aid and certified in CPR.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel Executive Director* Date *8/21/12*

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

The above plan of correction is approved as of *8/22/12*
 (Date)

Plan of correction implementation status as of *8/22/12*
 (Date)

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

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

POC Dublin

- The following is the Plan of Correction for Clare Bridge Dublin regarding the Statement of Deficiencies dated 7/31/2012. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

2600.54(a)

An audit of current employee files was completed on August 10, 2012. The home will apply for a waiver as soon as the associate's transcript is received from her country. Until then, the associate will be removed from the schedule.

The Executive Director or designee will verify that new hires have a high school diploma, GED or have active registry status and will review new hire files to verify compliance.

2600.63(a)

Current associates have been trained in first aid. A copy of all CPR trained associates' certification cards have been placed in the employees' files. The Executive Director or designee will review new hire files to verify that new hires are CPR certified.

The Health and Wellness Director or designee will review the staffing schedule prior to posting to verify that at least one associate on each shift is trained in first aid and CPR. The Executive Director or designee will review the staffing schedule monthly to verify compliance.

Danielle Paster
Executive Director