



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 26, 2012

Ms. Daniella Pantal, Administrator
Brookdale Senior Living Communities, Inc
160 Elephant Road
Dublin, Pennsylvania 18917

RE: Clare Bridge of Dublin
160 Elephant Road
Dublin, Pennsylvania 18917

Dear Ms. Pantal:


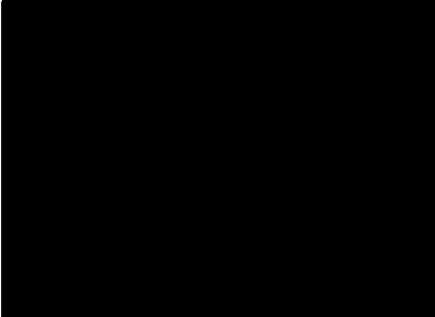
As a result of the Department of Public Welfare's licensing inspection on October 9, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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.

Sincerely,


Chevon Miller
Regional Licensing Administrator

**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 Pantel		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 48	Working Staff: 36
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2012: Scharpf, Amy		
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: 24 Secured Dementia Care Unit in Home: Yes Area: entire facility Secured Dementia Unit Capacity, if Applicable: 26 	Number of Residents who: 	

Daniella Pantel
11/6/12

Violation Report: 12735 - 10/09/2012 - Schärpf, Amy

PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/24/12, Resident #1 was witnessed by private duty hospice aid and Staff Person A striking Resident #2 with a leather ankle boot causing lacerations requiring sutures to Resident #2's scalp. The local police and EMTs were called for assistance. The home did not report the abuse to the local area agency on aging.

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.

See attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/1/2011
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Daniella Pantal</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Daniella Pantal</i>	<i>11/6/12</i>

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

The above plan of correction is approved as of 11/9/12
(Date)

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

Plan of correction implementation status as of 11/9/12
(Date)

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

Violation Report: 12735 - 10/09/2012 - Scharpf, Amy

PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/11/12, the home did not administer Resident #2's schedule dosages of Ativan at 5:00pm and Seroquel at 9:00pm. The home did not submit an incident report to the Department.

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.

See attached

11/6/12 Daniella Pantaleo

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantaleo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantaleo* Date *11/6/12*

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The above plan of correction is approved as of 11/19/12 (Date)

Plan of correction implementation status as of 11/19/12 (Date)

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

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

Violation Report: 12735 - 10/09/2012 - Scharpf, Amy
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 9/11/12, the home did not administer Resident #2's prescribed dosages of 1mg Ativan at 6:00pm and 200mg Seroquel at 9:00pm.

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.

See attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Daniella Pantal*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Daniella Pantal* Date *11/6/12*

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

The above plan of correction is approved as of *11/9/12*
(Date)

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

Plan of correction implementation status as of *11/9/12*
(Date)

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

Violation Report: 12735 - 10/09/2012 - Scharpf, Amy
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
On 9/11/12, an error in Resident 2's medication administration occurred involving failure to administer Ativan 1mg at 5:00pm and Seroquel 200mg at 9:00pm. The error was not reported to the prescriber.

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.

See attached

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

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* Date *11/6/12*

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

The above plan of correction is approved as of 11/19/12
(Date)

Plan of correction implementation status as of 11/19/12
(Date)

The above plan of correction was approved by CJM
(Initials)

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

Violation Report: 12735 - 10/09/2012 - Scharpf, Amy
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 9/19/12, Resident #1 was administered 0.5mg of Ativan for agitation. Resident #1 is prescribed Ativan 0.5mg, 1 tablet by mouth every 4 hours as needed for anxiety.

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.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

11/6/12

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

The above plan of correction is approved as of

11/9/12
(Date)

Plan of correction implementation status as of

11/9/12
(Date)

The above plan of correction was approved by

DP
(Initials)

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

Violation Report: 12736 - 10/09/2012 - Scharpf, Amy
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

On 9/24/12 the home refused to allow Resident #1 to return to the home after resident was released from the hospital due to being a danger to others. The home did not have written certification from a physician or the Department, that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home. Also, the home did not notified the resident's designated person of the discharge until 9/26/12.

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.

See attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Daniella Pantaleo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Daniella Pantaleo* Date *11/6/12*

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

The above plan of correction is approved as of 11/19/12
(Date)

The above plan of correction was approved by ARM
(Initials)

Plan of correction implementation status as of 11/19/12
(Date)

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

Plan of correction

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 (if applicable) the administrative sanctions imposed on the community. Rather it is submitted as the confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.

Regulation: 2600.15a

The community reported the incident to the Department of Public Welfare. In addition, the community will report resident to resident incidents to the area agency on aging. The Executive Director will retrain management staff on the state reporting process. The Executive Director or designee will monitor for compliance.

Completion Date: November 15, 2012

Regulation: 2600.16c,

The community contacted the physician at time of survey and changed the order to hold Ativan and Seroquel for lethargy. The Health and Wellness Director will review such orders and notify the physician when a medication is held due to change of condition. The Health and Wellness director will retrain appropriate staff on notifying for change of condition, reporting to Health and Wellness Director or designee. The Executive Director will ensure that such incident is reported to DPW.

Completion Date: November 15, 2012

Regulation 2600.187d the community contacted the physician at time of survey and changed the order to hold Ativan and Seroquel for lethargy. The Health and Wellness Director will review such orders and notify the physician when a medication is held due to change of condition. The Health and Wellness director will retrain appropriate staff on notifying for change of condition and reporting to Health and Wellness Director or designee. The Executive Director will ensure that such incident is reported to DPW.

Completion Date: November 15, 2012



Regulation: 2600.188b

The community contacted the physician at time of survey and changed the order to hold Ativan and Seroquel for lethargy. The Health and Wellness Director will review such orders and notify the physician when a medication is held due to change of condition. The Health and Wellness director will retrain appropriate staff on notifying for change of condition and reporting to Health and Wellness Director or designee. .

The Executive Director will verify that such incident is reported to DPW:

*the prescriber.
Cem*

Completion Date: November 15, 2012

Regulation 2600.202

Resident #1 was administered Ativan for anxiety as prescribed. The Medication Assistant inadvertently used the word agitation in her Medication Administration Record documentation.

The Medication Assistant has been retrained on proper documentation and administration of prescribed orders. The Health and Wellness Director or designee will monitor Medication Administration Records weekly times 4 (four) and then routinely to verify compliance.

Completion date: November 15, 2012 and ongoing

Regulation 2600.228 (b)

The Community maintains that a delay in discharge would jeopardize the health safety and well-being of the resident or others in the home. The Power Of Attorney (POA) was notified by the Executive Director as well as the hospital and the police on the September 24, 2012. In the event that an advance notice cannot be delivered by the community, the physician will notify the hospital and the POA of the resident's inability to return.

Moving forward the home will ensure that a written certification is obtained from a physician or DPW before discharge.

Completion date: Immediately and ongoing

Daniela Antea