



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 1, 2013**

Mr. Larry Dix, Administrator  
Brookdale Senior Living Communities, Inc.  
65 Richboro-Newton Road  
Richboro, Pennsylvania 18954

RE: Wynwood of Northampton Manor

Dear Mr. Dix:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 2, 2013 and April 29, 2013 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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.

Sincerely,

A handwritten signature in black ink that reads "Christine McHale" followed by a large, stylized circular flourish.

Christine McHale  
Acting Regional Licensing Administrator

Enclosure(s)  
Licensing Inspection Summary



Violation Report: 12714 - 04/02/2013 - Kazimer, Lauren  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

2a. DESCRIPTION OF VIOLATION  
 The home did not provide at least 30 days advanced written notice to Resident #1 or the Responsible Party of the home's request for a change in the contract.

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.

Complaint Survey  
 April 29, 2013

The following is the Plan of Correction for Wynwood Northampton Manor regarding the Statement of Deficiency dated May 9, 2013 for Complaint Survey conducted April 29, 2013. 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 on going 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 detailed specific actions 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.

*Regulation 55PA Code 2600.25(c)(10)*  
 The home did not provide at least 30 days advance written notice to resident #1 or the responsible party of the home's request for a change in the contract.

When the community increases the resident's basic service rate, the community provides the resident and/or legal representative notice in accordance with applicable law and the Residency Agreement. If the resident receives an assessment and through the assessment, the resident's personal service plan must be adjusted, those charges become effective as outlined in the Residency Agreement. A letter outlining the change in fees will be sent to the family. In these instances, a change in contract has not occurred. The Executive Director, Health and Wellness Director, or designee will continue to monitor for compliance

Completion

Date: May 15, 2013

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date 5/12/13

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

The above plan of correction is approved as of 6/19/13  
 (Date)

Plan of correction implementation status as of 6/19/13  
 (Date)

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

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

Violation Report: 12714 - 04/02/2013 - Kazimer, Lauren  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan finalized on 7/13/2012 for Resident #1 contained a hand written entry stating, "DC'D HEALED", next to a typed entry about a right wrist splint to be worn by the resident. The hand written entry was not dated or signed.

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.*

*Regulation 55Pa Code 2600.251 (b)*

The resident assessment and support plan finalized on 7/13/2012 for resident #1 contained a hand written entry stating "DC'D HEALED" next to a typed entry about a right wrist splint to be worn by the resident. The hand written entry was not dated or signed.

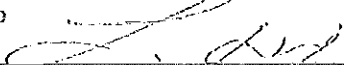
The LPN in question dated and signed the note as a late entry. The LPN was retained on proper documentation on May 2, 2013. The Health and Wellness Director or designee will audit 5 medical records weekly to verify compliance.

Completion Date: June 21, 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Larry Dix

Date

5/17/13

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

The above plan of correction is approved as of

6/19/13  
 (Date)

Plan of correction implementation status as of

6/19/13  
 (Date)

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

The above plan of correction was approved by

LDAM  
 (Initials)

Violation Report: 12714 - 04/02/2013 - Kazimer, Lauren  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's record does not include applicable legal guardianship documents.

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.*

*Regulation 55PA Code 2600.252  
 Resident #1's record does not include applicable legal guardianship documents.*

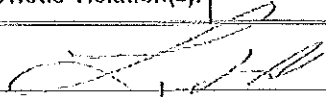
*The legal guardianship documents were placed in the resident's medical record. The appropriate staff were retrained on documents that need to be contained in the medical record on May 10, 2013. The Health and Wellness Director/designee will oversee this process and verify that a copy of the applicable information is filed in the medical record and in the administrative file in the business office. Residents with guardian records will be audited monthly. The Executive Director or designee will monitor for compliance.*

*Completion Date: June 16, 2013*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Larry Dix*

Date

*5/17/13*

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

The above plan of correction is approved as of

*6/19/13*  
 (Date)

Plan of correction implementation status as of

*6/19/13*  
 (Date)

The above plan of correction was approved by

*CDM*  
 (Initials)

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

Violation Report: 12/14 - 04/02/2013 - Kazimer, Lauron  
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

Resident records kept in the second floor Personal Care Office are not being securely locked while the room is unattended. This was observed on 4/29/13 at approximately 1:00PM.

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.*

*Regulation 55PA Code 2600.254 (c)*

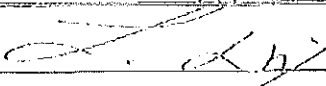
Resident records kept in the second floor personal care office are not being securely locked when the room is unattended. This was observed on 4/29/13 at approximately 1:00PM.

The carts and shelves containing the resident medical records were relocated to the Health and Wellness Director's office. This office is locked when not occupied. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: May 2, 2013

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



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Larry Dix

Date 5/17/13

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

The above plan of correction is approved as of 6/19/13  
 (Date)

Plan of correction implementation status as of 6/19/13  
 (Date)

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

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