



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2014

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

RE: Wynwood of Northampton
License # 127140

Dear Mr. Dix:

As a result of the Department of Public Welfare's licensing inspection on August 9, 2013 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller".

Chevon Miller
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: WYNWOOD OF NORTHAMPTON MANOR		License Number: 127140
Address: 65 RICHBORO NEWTOWN ROAD, RICHBORO, PA 18954		County: Bucks
Administrator: Larry Dix		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 65 RICHBORO-NEWTON ROAD, RICHBORO, PA 18954		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 125	Waking Staff: 94
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 08/09/2013: Foulkes, Kimberli 08/19/2013: Foulkes, Kimberli		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 80 Secured Dementia Care Unit In Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 16	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 45 Have a Physical Disability: 2	

Violation Report: 12714 - 08/09/2013 - Foulkes, Kimberli
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 7/15/13. The current assessment indicates that the resident does not need help with showering or bathing, uses a wheelchair, and is receiving PT/OT. However, the resident does require stand by assist with showering as needed, uses a walker most of the time and will push their own wheel chair and sit in it and rest if needed, has not received PT/OT since February 2012. The home has not completed a new assessment to reflect these changes.

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 res by which the steps will be completed.

Regulation 55PA Code 2600.225 (c)

The most recent assessment for Resident #1 was completed on 7/15/13. The current assessment states that the resident does not need help with showering or bathing, uses a wheelchair and is receiving PT/OT. However the resident does require stand by assist with showering as needed, uses a walker most of the time and will push their own wheelchair and sit in it and rest if needed, has not received PT since February 2012. The home has not completed a new assessment to reflect these changes.

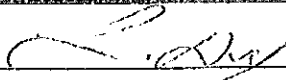
The Health and Wellness Director updated the assessment to include that the resident does not need help with showering or bathing, requires stand by assist with showering as needed, uses a walker, most of the time and will push their own wheelchair and sit in it to rest as needed and that they are no longer receiving PT. The assessment was updated 8/16/13. The Care Associates were retrained regarding resident centered care on 8/16/13. The Care Profile was updated and printed out then shared with the Care Associates to educate them on individual resident care needs. The Health and Wellness Director or designee will randomly audit service plans and update as needed. The Executive director or designee will monitor for compliance.

Completion Date: August 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

10/4/13

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

The above plan of correction is approved as of

10/20/13
 (Date)

Plan of correction implementation status as of

10/20/13
 (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 - 08/09/2013 - Foulkes, Kimberli
 PGH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent assessment dated 7/15/13 states that the resident has a fall history. The resident's support plan completed on 7/15/13 does not address how the home will meet this need.

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 following is the Plan of Correction for North Hampton Manor regarding the Statement of Deficiency for Survey conducted August 9, 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 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 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 2600.227 (d)

Resident #1's most recent assessment dated 7/15/13 states that the resident has a fall history. The resident's support plan completed on 7/15/13 does not address how the home will meet this need.

The Health and Wellness Director updated the support/service plan to include that the resident needs fall prevention strategies. The support/service plan was updated 8/16/13. The Care Associates were retrained regarding resident centered care on 8/16/13. The Care Profile was updated and printed out then shared with the Care Associates to educate them on individual resident care needs. The Health and Wellness Director or designee will randomly audit service plans and update as needed. The Executive director or designee will monitor for compliance.

Completion Date: August 16, 2013

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/11/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Larry Dix

Date

10/4/13

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


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