



**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 September 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**

PGH Name: WYNWOOD OF NORTHAMPTON MANOR		License Number: 12714
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: 122	Waking Staff: 92
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/09/2013: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 09/10/2013: McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 120 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 2

Violation Report: 12714 - 09/09/2013 - McHale, Christine  
 PCI 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 indicates that the resident needs prompting/cueing with drinking and total physical assistance with securing health care, shopping, securing and using transportation, managing finances, using the telephone, caring for personal possessions, and writing correspondence, a moderate problem with orientation to time, place, and person, irritability, communication of needs, understanding instructions, short-term memory, and long-term memory. The resident's support plan dated 7/15/13 does not address these needs.

**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 dated October 2, 2013 for Survey conducted September 9- 10, 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 indicates that the resident needs prompting/cueing with drinking and total physical assistance with securing health care, shopping, securing and using transportation, managing finances, using the telephone, caring for personal possessions, and writing correspondence, a moderate problem to orientation to time, place and person, irritability, communication of needs, understanding instructions, short-term memory and long term memory. The resident's support plan dated 7/15/13 does not address these needs.

The Health and Wellness Director updated the support/service plan to include that the resident needs prompting/cueing with drinking and total physical assistance with securing health care, shopping, securing and using transportation, managing finances, using the telephone, caring for personal possessions, and writing correspondence, a moderate problem to orientation to time, person and place, irritability, communication of needs, understanding instructions, short term memory and long term memory. The support/service plan was updated 10/4/13. The Care Associates were retrained regarding resident centered care on 10/4/13. 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: September 10, 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Larry Dix*

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

Date

*10/4/13*

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

The above plan of correction is approved as of

*10/10/13*  
 (Date)

Plan of correction implementation status as of

*10/10/13*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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