



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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

Mr. Mark W. Ohlendorf, CFO
Brookdale Senior Living Communities, Inc.
160 Elephant Road
Dublin, Pennsylvania 18917

RE: Clare Bridge of Dublin
License #127350

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on October 1, 2013 and October 2, 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: CLARE BRIDGE OF DUBLIN		License Number: 12735
Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		County: Bucks
Administrator: Daniella Pantal		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: 44	Waking Staff: 33
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 10/28/2013: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 10/01/2013: Adams, Patricia 10/21/2013: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 22 Secured Dementia Care Unit in Home: Yes Area: Entire building Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0

Violation Report: 12735 - 10/01/2013 - Adams, Patricia
PGH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 65 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
On 10/28/13, at 10:45 am, the medication administration record was unlocked and accessible in the hallway; atop a medication cart and across from resident rooms.

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 Health and Wellness Director secured the MAR binder day of survey in the locked medication cart. The Medication Technicians were retrained regarding the community's medication administration policies on October 28, 2013. The Health and Wellness Director or designee will randomly audit MAR binder storage to maintain compliance with this requirement. The Executive Director or designee will monitor for compliance.

Completion Date: October 28, 2013

1

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantale* Date *11/19/13*

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

The above plan of correction is approved as of *12/5/13* (Date)

Plan of correction implementation status as of *12/5/13* (Date)

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

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

Violation Report: 12735 - 10/01/2013 - Adams, Patricia
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55.Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 10/28/13, at 10:50 am, while netting with an a red octagon symbol and the word stop printed upon it, was stretched across the open door to room #15. The netting was approximately 18 inches wide and secured on either side of the door with velcro. It blocked egress from the resident's room.

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 community removed the restrictive device from the resident door day of survey. All staff were trained in the importance of unobstructed egress routes on October 28, 2013. Weekly environmental rounds will be conducted by the Maintenance Technician or designee and will observe for unobstructed egresses. Executive Director or designee will monitor for compliance.

Completion Date: October 28, 2013

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pintal* Date *11/19/13*

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The above plan of correction was approved by <u><i>DP</i></u> (Initials)	<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

Violation Report: 12735 - 10/01/2013 - Adams, Patricia
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 56 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 10/28/13 at 10:45, two medication carts were unlocked and accessible to residents in the hallway.

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 Health and Wellness Director locked the medication carts day of survey. The Medication Technicians were retrained regarding the community's medication administration policies on October 28, 2013. The Health and Wellness Director or designee will randomly audit for locked medication carts to maintain compliance with this requirement. The Executive Director or designee will monitor for compliance.

Completion Date: October 28, 2013

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *11/19/13*

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 (Initials)

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Violation Report: 12735 - 10/01/2013 - Adams, Patricia
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in §.2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 10/7/13, at 9:00 pm, resident # 1's Nystatin 100000 U/G cream was applied. Staff person A did not initial the date and time of administration.
- On 10/21/13, at 9:00 am, resident #1's Nystatin 100000 U/G cream was applied. Staff person B did not initial the date and time of administration.

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 Health and Wellness Director retrained the appropriate staff in proper documentation of medication administration on October 28, 2013. The Health and Wellness Director or designee will put a process in place to audit MAR binder to assess for proper documentation of medications. The Executive Director or designee will monitor for compliance.

Completion Date: October 28, 2013

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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 *11/19/13*

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(Date)

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(Initials)

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Violation Report: 12735 - 10/01/2013 - Adams, Patricia
PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 65 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1's Selsun Blue medicated w/Menthol 1% was applied daily from 10/1/13 to 10/2013. The physician order states "apply topically to scalp three times weekly on shower days".

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 Health and Wellness Director clarified the order with the physician day of survey regarding Selsun Blue treatments to resident's beard. Appropriate staff were retrained regarding following medication administration policies. The Health and Wellness Director or designee set up a process to audit MAR documentation daily. The Executive Director or designee will monitor for compliance.

Completion Date: October 28, 2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantale* Date *11/19/13*

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