



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 17 2014

Mr. Kevin Caruso, Executive Director
Brookdale Senior Living Communities, Inc.
160 Elephant Road
Dublin, Pennsylvania 18917

RE: Clare Bridge of Dublin
License #: 127350

Dear Mr. Caruso:

As a result of the Department of Public Welfare's licensing inspection on August 13, 2014, 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 must be maintained.

Your regular license for the period November 8, 2014 to November 8, 2015 was issued on August 4, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

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

PCH Name: CLARE BRIDGE OF DUBLIN		License Number: 12736
Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		County: Bucks
Administrator: Kevin Caruso		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		
Certificate(s) of Occupancy C-2 LP 08/20/1998 PA Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Working Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/13/2014: Colon, Lisselle		
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: 22 Secured Dementia Care Unit In Home: Yes Area: Entire Home 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: 10	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: 13 Have a Physical Disability: 0	

Violation Report: 12736 - 08/13/2014 - Colon, Lisselle
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 88 Pa.Code §2600
 2600.101()(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

- Resident # 1, does not have a source of light that can be turned on/off from bedside.
- Resident # 2, does not have a source of light that can be turned on/off from bedside.
- Resident # 3, does not have a source of light that can be turned on/off from bedside.

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.

Please see attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Cambo, Executive Director</i>	Date <i>10/9/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>10/17/14</i></u> (Date)	Plan of correction implementation status as of <u><i>10/17/14</i></u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Clare Bridge Dublin

Plan of Correction

The following is the Plan of Correction for Clare Bridge Dublin regarding the Statement of Deficiency dated 09/19/2014 for the annual survey August 13, 2014. 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 a detailed response to each allegation or finding, nor have we identified 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 2600.101 (j) (7)

The Maintenance Technician changed the light bulbs and re-positioned the bedside lamps to the correct location on the bedside table where they could be easily reached by the residents. The Maintenance Technician also anchored wall touch lights next to the resident beds for those residents that tended to move their lamps to other locations in the room. Re-training on the community policy for reporting maintenance issues by the appropriate associates in resident rooms was provided by the Executive Director on October 3, 2014. The Maintenance Technician was re-trained on the community policy on August 14, 2014 by the Executive Director. The Maintenance Technician will keep a tracking sheet to note bedside lamps are functional on a rotational basis monthly. The Executive Director or designee will monitor for compliance.

Evidence: Light Source Compliance Check List, Re-training attendance sheets, process for maintaining light source at resident bedside

To be completed: October 6, 2014.

Kevin Conroy, Executive Director

KE Conroy, 10/9/14

Violation Report: 12735 - 08/13/2014 - Colon, Lissette
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 4 was admitted on 4/1/14. The resident's medical evaluation was completed on 11/7/13.

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 2600.141 (a) (1)

Appropriate staff were retrained on the community's policy on October 9, 2014 by the Executive Director regarding completion of the medical evaluation form within 60 days prior to admission. The Health and Wellness Director or Resident Care Coordinator will review admission documents to verify they are filled out according to the community's policy. The Executive Director or designee will monitor for compliance.

Evidence: See training attendance sheet

Completion Date: October 9, 2014

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Conner, Executive Director* Date *10/09/14*

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The above plan of correction is approved as of *10/17/14*
 (Date)

Plan of correction implementation status as of *10/17/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 12735 - 08/13/2014 - Colon, Lisselle
 PCH Name: CLARE BRIDGE OF DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 3, admitted to the SDCU on 7/16/13, had a medical evaluation that did not document the need for SDCU care.

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 2600.231 (b)

Appropriate staff were retrained on the community's policy on October 9, 2014 by the Executive Director regarding completing the medical evaluation form completely and verifying boxes are appropriately checked prior to admission. The Health and Wellness Director or Resident Care Coordinator will review all admission documents to verify they are filled out according to the community's policy. The Executive Director or designee will monitor for compliance.

Evidence: See training attendance sheet

Completion Date: October 9, 2014

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Carroll, Executive Director* Date *10/9/14*

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 (Date)

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 (Date)

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