



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 27 2016

Mr. Mark W Ohlendorf, President
Brookdale Senior Living Communities, Inc.
111 Westwood Place, Suite 400
Brentwood, Tennessee 37027

RE: Brookdale Northampton
65 Richboro- Newtown Road
Richboro Pennsylvania 18954
License # 127140

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on 4/17/2015 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.

Sincerely,



Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PGH Name: BROOKDALE NORTHAMPTON		License Number: 12714
Address: 65 RICHBORO NEWTOWN ROAD, RICHBORO, PA 18954		County: Bucks
Administrator: William Kofron		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 111 WESTWOOD PLACE SUITE 400, BRENTWOOD, TN 37027		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 121	Working Staff: 91
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/17/2015: McHale, Christine; Kazmier, Lauren		
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: 120	Number of Residents Served: 76	Number of Residents who:
Secured Dementia Care Unit In Home: Yes	Area: ground floor	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable: 20	Number of Residents Served in Secured Dementia Care Unit, if applicable: 15	Are 80 Years of Age or Older: 76
Number of Current Hospice Residents: 9	Number of Hospice Residents in past year: 17	Have Mental Illness: 1
		Have an Intellectual Disability: 1
		Have a Mobility Need: 45
		Have a Physical Disability: 2

Wm. Kofron *WZ* *ED* *9/24/15*

Violation Report: 12714 - 04/17/2015 - McHale, Christine
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 4/5/15, resident #1 reported to direct care staff member A that they did not feel well. Direct care staff member A told the resident that they did not have to complain and to not get upset. The resident reports that the staff member was yelling. Resident #1 reports that as a result they felt frightened and upset.

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 2600.42(c)

Staff member A was suspended pending investigation. On July 30, 2015, the Executive Director retrained appropriate staff on the community policy on treating residents with dignity and respect. Staff person A was subsequently disciplined according to community policy and was terminated. The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will also be conducted in individual circumstances as warranted. The Health and Wellness Director and Health and Wellness Coordinator will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

Evidence- staff training attendance

Completion Date: August 30, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia Thomas* Date *9-24-15*

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

The above plan of correction is approved as of *10/7/15*
 (Date)

Plan of correction implementation status as of *10/7/15*
 (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: 12714 - 04/17/2015 - McHale, Christine
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in §2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A does not have a high school diploma from the United States, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

- Direct care staff person B does not have a high school diploma from the United States, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 2600.54 (a)

Staff person A and B were initially suspended pending investigation and have since been terminated according to community policy. The Business Office Manager was retrained on the community process for securing documentation on all newly hired employees on April 20, 2015 by the Executive Director. A checklist/ grid are now maintained on each newly hired employee until hire which is reviewed by the Executive Director monthly. Each Department Head has access to this grid to verify the status of newly hired employees prior to start on document procurement. The Executive Director or designee will review checklists to identify if any further action is required.

Evidence: Training attendance sheet on "Educational Requirements for New Employees", tracking grid for new employee status

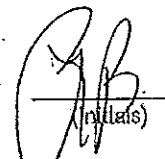
Completion Date: August 20, 2015

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) *William K. McHale* Date: *8-28-15*

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The above plan of correction is approved as of <u>10/7/15</u> (Date)	Plan of correction implementation status as of <u>10/7/15</u> (Date)
The above plan of correction was approved by  (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: 12714 - 04/17/2015 - McHale, Christine
 PCH Name: BROOKDALE NORTHAMPTON

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 #2's assessment dated 12/9/14 states that the resident has a problem with irritability, agitation, and aggression. The resident's support plan does not address how the home will assist the resident in meeting 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.


Regulation 2600.227 (d)

The Health and Wellness Director updated the support plan for resident #2 to include positive interventions that are to be used prior to administering medications for identified behaviors. The Memory Care Director held an in-service for appropriate staff on September 24, 2015 regarding "Use of Positive Interventions for Behavior Management". Ongoing, the Health and Wellness Director or designee will review support plans after completion to verify there are positive intervention strategies for those residents with identified behaviors. Executive Director or designee will randomly audit support plans for 3 months to verify if further action is required.

Evidence- staff training attendance sheet, copy of updated support plan

Completion Date: September 30, 2015

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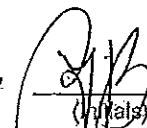
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William H. LR</i>	Date <i>9-28-15</i>
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The above plan of correction is approved as of 10/9/15
 (Date)

Plan of correction implementation status as of 10/2/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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