



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 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 Human Services' licensing inspection on June 23, 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,

A handwritten signature in black ink, appearing to read "Patricia Adams".

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 12714 - 06/23/2015 - Colon, Lissette
 PCH Name: BROOKDALE OF NORTHAMPTON

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

2a. DESCRIPTION OF VIOLATION

On 5/30/15, after breakfast was served, Resident # 1 was seen pacing the halls. While the resident paced the halls, Staff member A approached the resident in order to apply an Alivan gel patch. The resident was heard yelling more than once, "leave me alone, and get off of me". Staff member A was then seen by Staff members B, C, and a family member grabbing the resident's arm, and telling the resident, "you are going to take it; you are going to take it". Resident # 1, then attempted to hit Staff member A, in order for the staff member to let go of his/her arm. Staff member A eventually let go of the arm, however upon releasing his/her hand the resident fell backwards on the floor. While the resident was on the floor, Staff member A still managed to place the patch on the resident, in spite of the resident refusing the medication. The resident suffered a fractured right hip as a result of the fall.

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 Brookdale at Northampton regarding the Statement of Deficiency dated August 26, 2015 for the incident follow-up on June 23, 2015. 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 2600.42(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 Area Agency on Aging has been asked to present staff training on "Abuse and Neglect". The community will continue to provide the mandatory 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

Report Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patricia Thomas RW</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patricia Thomas RW</i>			Date <i>9-24-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10/20/15</u> (Date)		Plan of correction implementation status as of <u>10/20/15</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</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: 12714 - 06/23/2015 - Colon, Lissette
 PCH Name: BROOKDALE OF NORTHAMPTON

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has had the following behavioral incidents, in which the home has not implemented positive interventions to modify or eliminate the behavior.

- A consistent refusal of medications
- Refusing to shower
- Refusing to comply with dressing/ADL's
- Increase in challenging behaviors and anger issues
- Increase agitation/depression - express thoughts of death
- Physically aggressive

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 2600.201

For any identified residents, Health and Wellness Director will review prior documentation to note potential behaviors and triggers to better establish a supportive environment. Positive behavioral strategies will be noted on the support plan as well as best strategies for success with residents with challenging behaviors. On July 30, 2015 appropriate staff were retrained by the Executive Director on positive approaches to behavioral interventions which includes safe management techniques and de-escalation. These interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalating techniques and alternative techniques or methods to identify and defuse potential emergency situations. Positive behavioral management techniques will be included in orientation as well as least one presentation annually. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly meetings and through training.

Evidence: training attendance sheet

To be completed: August 1, 2015

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)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
12/20/15 (Date)		12/22/15 (Date)	
The above plan of correction was approved by		<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	
 (Initials)			

Violation Report: 12714 - 06/23/2015 - Colon, Lisselle
 PCH Name: BROOKDALE OF NORTHAMPTON

1. REGULATION 56 Pa.Code §2600
 2600.226(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
 Resident # 1 has been exhibiting an increase of challenging behaviors involving consistent refusals for medications, anger issues and resistive behaviors, such as refusing to shower. The home has not completed a new assessment of the resident's needs 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 dates by which the steps will be completed.

The Health and Wellness Director updated the assessment for resident #1 to include behaviors noted with positive interventions on September 17, 2015 for identified behaviors. The Health and Wellness Director or designee will continue to monitor the effectiveness of resident #1's positive interventions to determine if further intervention is warranted. Executive Director held an in-service for appropriate staff on July 30, 2015 regarding "Abuse and Neglect". An additional in-service was held on September 24th for appropriate staff on "Positive Behavior Management Strategies" Ongoing, the Health and Wellness Director or designee will review assessments/ support plans after completion to verify there are positive intervention strategies for those residents with identified behaviors. Executive Director or designee will randomly audit assessments and support plans for 3 months to verify if further action is required such as alternate placement for resident #1.

Evidence- staff training attendance sheets, copy of updated assessment/ support plan

Completion Date: Septemebr 30, 2015

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

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 <u>10/20/15</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>10/20/15</u> (Date) <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
--	---