



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 08 2016**

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

RE: Brookdale Dublin  
License #: 127350

Dear Mr. Caruso:

As a result of the Department of Human Services' licensing inspection on October 13, 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,



Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12735 - 10/13/2015 - Colon, Lisselle  
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- Resident #1's Ocusoft Lid Scrubs was discontinued on 4/27/15. On 10/13/15, the medication was still inside the home's medication cart.
- Resident #3's Benadryl HCL 25 mg was discontinued on 10/3/15. On 10/13/15, the medication was still inside the home's medication cart.

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.

*On October 13, 2015 the discontinued medications; Ocusoft and Benadryl were immediately removed from the medication cart and disposed of according to community policy. Medication Technicians and LPN were re-trained and counseled on the policy regarding Medication Administration and Disposal by the Health & Wellness Director (HWD) on August 14, October 13th, 14th and 15th. The Resident Care Coordinator (RCC), LPN and Medication Technicians were re-educated on the need to immediately remove a medication that has been discontinued by a physician's order. The nurse responsible for discontinuing the medication on the MAR following physician order is responsible for removing the medication from the cart and disposing of it per community policy. The process for audits has been increased from weekly to daily for 2 months.. The revised process for daily medication cart audits was included in the re-trainings. The 11-7 Medication Technicians will audit the carts daily for 2 months and then weekly thereafter with the daily audit process initiated 10/14 /15. The daily audit results are then reviewed by the RCC or designee. Any issues identified by the audits are then reviewed with the HWD for immediate action. The HWD reviews all medication cart audits for verification and identification if any further action is warranted..*

Evidence: attendance sheet, Medication Administration Audit form, actual audit results completed to date, Training document for staff

Completion Date: December 15, 2015 and ongoing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2015		
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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 Coruso, Executive Director* Date *11/11/15*

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

The above plan of correction is approved as of *11/22/15*  
 (Date)

Plan of correction implementation status as of *11/22/15*  
 (Date)

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

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

Violation Report: 12735 - 10/13/2015 - Colon, Lissette  
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 56 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

- Resident #1 was prescribed Chamosyn Oint and Roblussin 5 ml, as needed. On 10/13/15, both medications were not available in the home.
- Resident # 2 was prescribed Blisac-Evac 10 mg Suppository, as needed. On 10/13/15, the medication was not available in the home.
- Resident # 3 was prescribed Roblussin 5 ml, as needed. On 10/13/15, the medication was not available in the home.

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.

*On October 13, 2015 Primary Care Physician for all 3 residents was requested to review the need for the identified medications for Resident #1, #2, #3. The medications that were not available on the cart on 10/13/15 were determined not necessary and discontinued by the physician. The MAR was updated according to community policy. Medication Technicians and LPN were re-trained and counseled on the policy regarding Medication Administration and Disposal by the Health & Wellness Director (HWD) on October 13th, 14<sup>th</sup> and 15<sup>th</sup>. Timely ordering of refills was reviewed with staff as part of the training. The revised policy to audit medication carts daily was reviewed and implemented on 10/13/15 by the 11-7 Medication Technicians. This enhanced audit process will be for 2 months then weekly thereafter. The RCC or designee will review the audit results and identify issues for correction with the HWD when immediate action is indicated. The HWD or designee will review medication cart audits weekly for verification of completion and to identify if any further action is warranted.*

Evidence: attendance sheet, Medication Administration Audit form, actual audit results completed to date, Training document for staff

Completion Date: December 15, 2015 and ongoing

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 Corso, Executive Director</i>	Date <i>11/11/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *1/22/16*  
 (Date)

Plan of correction implementation status as of *1/22/16*  
 (Date)

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

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