



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 07 2016

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

RE: Brookdale Northampton
65 Newtown – Richboro Road
Richboro, PA 18954
License #: 127140

Dear Mr. Ohlendorf:

As a result of the Department of Human Services' licensing inspection on October 27, 2015, October 29, 2015 and November 04, 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', with a long, sweeping horizontal stroke extending to the right.

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12714 - 10/26/2015 - McIlvain, Shawn
 PCH Name: Brookdale Northampton

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/18/15, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

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.

Staff person B was disciplined according to community policy and no longer works at the community. On February 1, 2016 department managers and appropriate staff members were re-trained on the OAPSA Act and their responsibility to immediately report suspected abuse to the local area agency on aging by the Executive Director.. Phone numbers of the agency were provided for the staff and posted in the community. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly.


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) Kevin Caruso, Executive Director	Date 2/23/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/23/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/23/17
 (Date)

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

Violation Report: 12714 - 10/26/2015 - McIlvain, Shawn
 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 10/18/15, resident # 1, a resident receiving hospice services, had an unwitnessed fall and sustained a head injury. The home's/Hospice policy is that all medical care and/or services must be approved by Hospice prior to rendering care/or services. On 10/18/15, the home made several attempts to contact the hospice agency to no avail. After approximately 10 minutes EMS was contacted. While putting pressure on resident #1's head wound and waiting for EMS to arrive, direct care staff person B was overhead stating "I guess you will have to bleed to death". The resident was conscious.

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.


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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) Kevin Cando Executive Director	Date 2/2/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/23/17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2/23/17</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
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